WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

RESET

PHYSICIAN'S INVOICE

This invoice must be submitted within 90 days of the date of service. Please **FAX** or mail completed form to WorkSafeBC as indicated below. **All fields with * are required for payment to be processed**. Failure to provide this information may result in processing delays. Please complete all other fields (if possible). Incomplete invoices may be returned for resubmission.

PAYMENT SERVICES
Phone 604 276-3085
Toll-free 1 888 422-2228

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
Payment Services, WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Payment information

		Invoice number	Invoice date* *(yyyy-mm-dd)*
Contract ID	Service location code	Payee number*	Facility number, if applicable
Referred by facility, if applicable *(name and number)*			
Practitioner name	Practitioner number *(may be the same as payee number)*	Referred by practitioner, if applicable *(name and number)*	
Mailing address for payment		City	Province / Postal code*
Telephone number *(please include area code)*		Fax number *(please include area code)*	

Service recipient information *(worker or other person who received service)*

Service recipient last name*	Service recipient first name*
Service recipient date of birth* *(yyyy-mm-dd)* - -	Service recipient personal health number* *(CareCard number)*
WorkSafeBC claim number *(if available)*	Gender* Male ☐ Female ☐

Injury information

Date of injury* *(yyyy-mm-dd)*	Diagnostic code* *(ICD-9 code)*	
Side of body* Left ☐ Right ☐ Bilateral ☐ Not applicable ☐	Body part code*	Nature of injury code*

Service information

Service location code	Date of service* *(yyyy-mm-dd)*	Fee code*	Fee description*	Number of services* *(number of units)*	*When applicable* After hours indicator *(X)*	Time call started *(hh:mm)*	Time call ended *(hh:mm)*	Line item amount* *(fee)*

Invoice total amount*

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.