



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

Invoice number	Invoice date* (yyyy-mm-dd)	Monthly total \$	HST registration number*	Page number of
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Payment information

Clinic name	Payee number*	Phone number (please include area code)	Fax number (please include area code)
Mailing address for payment	City	Province	Postal code*

Service recipient information (worker or other person who received service) Fee codes: Batteries/cells = 19694 Postage = 19700

Date of service* (yyyy-mm-dd)	Service recipient last name*	Service recipient first name*	WorkSafeBC claim number*	Fee code	Size	Number of cells (number of units)	Price/cell* (cost per unit)	Line item amount* (not including taxes)	HST* (If charged)	Line item total* (Including taxes)
				19694						
				19700	n/a	n/a	n/a			
				19694						
				19700	n/a	n/a	n/a			
				19694						
				19700	n/a	n/a	n/a			
				19694						
				19700	n/a	n/a	n/a			
				19694						
				19700	n/a	n/a	n/a			

Postage can only be claimed when client lives in excess of 48 km round trip from the clinic

Invoice total*

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.