



# SUMMARY INVOICE FOR ANESTHESIA

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**  
**604 244-6292**

**MAIL**  
Payment Services, WorkSafeBC  
PO Box 94460 Stn Main  
Richmond BC V6X 8V6

Date surgery performed* (yyyy-mm-dd)		Name of anesthetist	
Practitioner number*		Payee number*	
Name of surgeon		Facility (service location code)	

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

Service recipient last name*		Service recipient first name*	
Gender* Male <input type="checkbox"/> Female <input type="checkbox"/>		Date of birth* (yyyy-mm-dd)	
Personal health number* (CareCard number)		WorkSafeBC claim number	

**Injury information**

Date of injury* (yyyy-mm-dd)		Diagnostic code* (ICD-9 code)	
Side of body* Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Not applicable <input type="checkbox"/>		Body part code*	Nature of injury code*

**Service details**

Date of service* (yyyy-mm-dd)	Fee code*	Surgical procedure* (fee description)	Time service started (hh:mm)	Time service ended (hh:mm)	Fee* (cost per unit)	Time* (hours = number of units)	Total* (line item total)
<b>Invoice total amount*</b>							

Comments	Signature	MD
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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.

