



Fax to: WorkSafeBC  
604 233-9777  
Toll-free 1 888 922-8807

**You may fax all report submissions together with a single copy of 83D110 as the cover sheet.** For further information regarding the use of this cover sheet, please contact Health Care Services at 604 232-7787 or toll-free 1 888 967-5377, ext. 7787.

**Worker information**

Worker last name	First name	Middle initial	WorkSafeBC claim number
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**Provider information**

Company/provider name	Provider phone number <i>(please include area code)</i>
Provider mailing address	Payee number <i>(vendor number)</i>
	Submission date <i>(yyyy-mm-dd)</i>
Date of service <i>(yyyy-mm-dd)</i>	

**Type of report**

**Please indicate worker name and claim number on every page you submit.**

- Audiogram
- Photocopy
- Manufacturer's invoice — please stamp on invoice "COPY ONLY, NOT FOR PROCESSING"
- Other *(please specify)*
- Real ear measurements, including the following mandatory items:  
M.P.O., multiple input levels, all targets and tracings labelled

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**INDEXERS:** Please index any report(s) submitted with this cover sheet as 83D110. Copies of these reports as submitted with this cover sheet are required as "proof" for payment processing.

