WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

INVOICE FOR PROSTHETIC SERVICES

RESET

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)*	Contract ID	Service location code	Authorization number

Payment information

Name of prosthetist*	Name of clinic*		Clinic payee 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*
Date of birth* *(yyyy-mm-dd)*	Personal health number* *(CareCard number)*
WorkSafeBC claim number	Date of injury* *(yyyy-mm-dd)*

Service information

Date of service* *(yyyy-mm-dd)*	**Fee code***	**Description** *(including serial number if applicable)*	**Unit cost***	**Number of units***	**Line item amount***
			Total invoice amount*		**$**

Worker's verification of receiving the device(s) listed on this invoice

Worker's signature*	Date* *(yyyy-mm-dd)*

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.