



HEAD INJURY ASSESSMENT AND TREATMENT SERVICES (HIATS) 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
FAX 604 233-9777
 Toll-free 1 888 422-2228
MAIL Payment Services, WorkSafeBC
 PO Box 4700 Stn Terminal
 Vancouver BC V6B 1J1

Total pages sent

Payment information

Invoice number	Invoice date* (yyyy-mm-dd)	Service location code	
Payee name	Payee number*	HST registration number*	
Mailing address for payment	City	Province	Postal code*
Telephone 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)
Date of injury* (yyyy-mm-dd)	WorkSafeBC claim number*

Billing information

Date of service* (yyyy-mm-dd)	Fee code*	Service provided* (fee description)	Report date (yyyy-mm-dd)	Flat fee* (cost per unit)	For services billed hourly (if applicable)		Line item amount* (not including taxes)	HST (if charged)	Line item total* (including taxes)
					Rate per hour* (cost per unit)	Number of hours* (number of units)			
Invoice total*									

Comments

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.

