WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

# SURGICAL FACILITY INVOICE

RESET

This invoice must be submitted within 90 days of the date of service. **All fields with * are required for payment to be processed**. Failure to provide this information may result in processing delays or in non-payment. All other fields to be completed (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

| Number of pages sent |
|---|
| |

| Invoice date* | Invoice number | Contract ID | Service location code* |
|---|---|---|---|
| | | | |

## Payment information

| Provider name | | Payee name* | | |
|---|---|---|---|---|
| Payee number* | Facility number, if applicable | Date of approval for non-VSC surgery *(yyyy-mm-dd)* | | |
| Surgical centre name | | Surgeon name and practitioner 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* |
|---|---|
| Gender* Male ❒ Female ❒ | 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 ❒ Right ❒ Bilateral ❒ Not applicable ❒ | Body part code* | Nature of injury code* |

## Service information

| Date of service* *(yyyy-mm-dd)* | Fee code* | Fee description* | Cost per unit* | Number of units* | Line item amount* |
|---|---|---|---|---|---|
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| | | | | Total invoice amount* | |

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.