



CLAIMS CALL CENTRE
Phone 604 231-8888
Toll-free 1 888 967-5377

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Date of report (yyyy-mm-dd)	Date of service (yyyy-mm-dd)
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Report type (please check one)

Initial <input type="checkbox"/>	Progress <input type="checkbox"/>	Discharge <input type="checkbox"/>	Other <input type="checkbox"/>
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Provider information

Name	Payee number (vendor number)
Mailing address/stamp	Phone number (please include area code)
	Fax number (please include area code)

Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number
Occupation			
Date of injury (yyyy-mm-dd)	Is worker currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Clinical report

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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.

