



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.

Please note: Please submit one invoice per patient. Only one post-operative visit within 42 days of surgery is billable using fee item 19931 via Teleplan.

PAYMENT SERVICES
Phone 604 276-3085
Toll-free 1 888 422-2228

FAX
604 244-6292

MAIL
Payment Services, WorkSafeBC
PO Box 94460 Stn Main
Richmond BC V6X 8V6

Invoice number	Contract ID	Invoice date (yyyy-mm-dd)	
Date surgery performed* (Date of service) (yyyy-mm-dd)	Payee number*	Practitioner number*	
Name of assistant		Facility (service location)	
Mailing address for payment	City	Province	Postal code*
Name of surgeon			

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)
WorkSafeBC claim number*	Date of injury* (yyyy-mm-dd)

Service details

Side of body*	Body part code*	Diagnostic code* (ICD9)	Fee code*	Nature of injury*	Surgical procedure* (fee description)	Time* (hours)	Line item total
Left <input type="checkbox"/>							
Right <input type="checkbox"/>							
Bilateral <input type="checkbox"/>							
N/A <input type="checkbox"/>							
Total hours (not to exceed surgeon's time)							
Total payable (number of hours x rate ÷ 3.5)						\$	

Signature*	(MD)
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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.

