



Please **FAX** 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.

Number of pages sent of

If additional invoicing space is required to list all items you wish to bill for, please submit a second invoice form (83W134).

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*
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Payment information

Provider (agency/payee) name*	Payee number*	HST registration number*
Mailing address for payment		
City	Province	Postal code*
Telephone number (include area code)	Fax number (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)
WorkSafeBC claim number*	Date of injury (yyyy-mm-dd)

Service information

Date of service* (yyyy-mm-dd) (first day of month)	Fee item code*	Fee description*	Number of units* (units = months)	Line item amount — monthly amount* (not including taxes)	HST (if charged)	Line item total* (including taxes)
		SMC	1.00			
Invoice total*						

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.