WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

RESET

HEARING AID PROVISION AND SERVICES 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 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* *(yyyy-mm-dd)*	Invoice number*	Contract ID	Service location code
			Z

A. Payment information

Provider name	Clinic name*	Payee number*	HST registration number*

Mailing address for payment	City	Province	Postal code*

Telephone number *(please include area code)*	Fax number *(please include area code)*	Practitioner number

B. Service recipient information *(worker or other person who received service)*

Service recipient last name*	Service recipient first name*	WorkSafeBC claim number

Date of birth* *(yyyy-mm-dd)*	Personal health number *(CareCard number)*	Gender
		Female ☐ Male ☐

C. Injury information

Date of injury *(yyyy-mm-dd)*	Diagnostic code *(ICD-9 code)*	Side of body*	Body part code*	Nature of injury code
	389	Left ☐ Right ☐ Bilateral ☐ Not applicable ☐	02000	12610

D. Service information — *Postage can only be claimed when client lives in excess of 48 km round trip from the clinic.*

Date of service* *(yyyy-mm-dd)*	Type of service* *(fee description)*	Fee item code*	Service details* *(make, model, and serial number, as appropriate)*	Ear(s)*	Number of units*	Cost per unit* *(cost per unit)*	Line item amount* *(not including taxes)*	PST *(if charged)*	HST/GST *(if charged)*	Line item total* *(including taxes)*
	Fitting fee *(requires verification measures)*	19680								
	First-time fitting fee	19681		N/A						
	In-house service fee	19687								
	Out-of-office repair fee	19688								
	Manufacturer's repair cost *(invoice incl. shipping)*	19698								
	Ear impression	19691								
	Ear mold cost *(invoice incl. shipping)*	19699								
	Accessories	19693								
	6-month follow-up fee	19625		N/A						
	Batteries	19694								
	Postage	19700								

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.