

# INFORMATION BULLETIN

## Community OT Providers (COT)

**April 30, 2010**

**#2010 – 28**

Several providers have asked for clarity on how to record dates on invoices, so this bulletin serves as a reminder on how to invoice WorkSafeBC for Community OT services.

The date of service should be recorded as the date the actual service was performed, and billing dates cannot be earlier than the date of service. To avoid billing delays, the date of service on the Assessment report must match the date of service on the billing invoice.

The following is an example of a COT Initial Assessment Report successfully completed for an October 14 assessment date and October 15 report completion date.



### COMMUNITY OCCUPATIONAL THERAPY INITIAL ASSESSMENT REPORT AND PLAN

**CLAIMS CALL CENTRE**  
Phone 604 231-8888  
Toll-free 1 888 967-5377  
M–F, 8:00 a.m. to 4:30 p.m.

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

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

**Worker information**

Worker last name Doe	First name John	Middle initial	WorkSafeBC claim number 1234567
Date of initial referral (yyyy-mm-dd) 2009-10-06	Date of service (assessment date)(yyyy-mm-dd) 2009-10-14	Date of this report (yyyy-mm-dd) 2009-10-15	
Claim accepted for abc		Claim not accepted for xyz	

The invoice for the Initial Assessment report above would be recorded as following:

**Service information**

Date of service* (yyyy-mm-dd)	Travel info* (if applicable)			Fee code*	Fee description* (service type)	Number of units	Cost per unit* (or flat fee)	Line item amount*
	Origin city/site	Destination city/site	(✓) if round trip					
2009-10-14			<input type="checkbox"/>	19731	Initial Assessment Report and Plan	1.00	215.00	215.00
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
			<input type="checkbox"/>					
<b>Invoice total (page 1)</b>								<b>\$215.00</b>

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Workers' Compensation Board of B.C.

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**Other Invoicing Reminders**

Please ensure:

- You use the correct date format (yyyy/mm/dd) on all invoices and forms.
- Those items marked with an asterix (\*) are fully completed (ex: invoice date, last name, first name, DOB, referral date, DOI, payee number, postal code)

Thank you for your continued service and support in providing quality rehabilitation to our Injured Workers. As always, feel free to contact us with any questions or concerns.



Save the Date - June 4, 2010. See you all at the 6<sup>th</sup> Annual Health Care Professional Conference. Visit [www.healthprofessionalconference.com](http://www.healthprofessionalconference.com) for details.