

INFORMATION BULLETIN

Hearing Aid Manufacturers

#2010 - 18

Please review the following items to assist with invoicing and payments.

1. Invoice requirements.

Please note, as per the *Agreement*, invoices must contain the following information to be processed:

6.16 Invoice Format: All invoices will include the following items:

- Injured Workers name (first name, last name)
- Claim number
- Fee item code
 - 19635 hearing aid
 - 19560 Shipping fee
- Description of the item
- Serial number
- Invoice date and/or shipping date - (please mark as "date of service")
- Invoice number
- WorkSafeBC Contract number
- Ship to location/Clinic name
- WorkSafeBC payee number
- Payee Name
- Payee Address
- Price

A generic invoice template (attached) is recommended to facilitate prompt payments. Failure to provide this information may result in non-payment.

2. Invoicing for other devices

We are receiving invoices for other devices such as ear level sound generators. WorkSafeBC will not process these items, as they must be invoiced by the hearing aid clinic.

3. Credits

Please ensure all credits are on a separate invoice sheet. A credit template is available if necessary.

For questions related to invoices, please call Payment Services at 604-276-3085 or 1-888-422-2228 or Neeta Dardi, Payment Officer at 232-7165.

Please contact us if you have any questions.



Save the Date - June 4, 2010. See you all at the 6th Annual Health Care Provider Conference. Visit www.healthcareproviderconference.com for details.