

INFORMATION BULLETIN

Medical Supply Service Providers

July 16, 2010

Invoicing for Medical Supplies

#2010 – 42

This bulletin is to provide you with some tips on invoicing requirements for WorkSafeBC that will aid in improved processing of invoices.

We strongly encourage using form 83D128 'Generic Invoice – Medical and Health Care' as attached to invoice medical supplies. This form can also be downloaded on our website at <http://www.worksafebc.com/forms/default.asp>. It is available in both MS Word and PDF format. Please ignore the column '**PST**' under '**Service Information**' if you are located in BC.

If you prefer to use your own invoice format, please ensure that all the mandatory fields as indicated on form 83D128 with an asterisk (*) are included in your invoice in order to facilitate the payment process and avoid any unnecessary delay payment or rejection. If you are unsure of which fee codes to use, please go to www.worksafebc.com and view the previous Medical Supply bulletins. Also note that invoices must be submitted within 90 days from the date of service.

If you are billing for rental equipment, the invoice date must be on or after the last day of the rental period. Invoices received prior to the end date of the rental period will not be processed.

Please fax completed invoices to **604 233-9777** or **Toll-free 1 888 922-8807** instead of submitting via mail.

Please do not hesitate to contact us if you have any questions.



This invoice must be submitted within 90 days of the date of service. **All fields with * are required for payment to be processed.** Failure to provide this information may result in processing delays or in non-payment. 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

Invoice number	Invoice date* (yyyy-mm-dd)	Contract ID	Authorization number
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Payment information

Payee 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)		

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)	Fee code*	Description*	Number of items* (number of units)	Cost per unit*	Line item amount* (not including taxes)	PST (if charged)	HST (if charged)	Line item total* (including taxes)
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.

