



This invoice must be submitted within 90 days, by **fax** to 604 233-9777 or 1 888 922-8807, or by mail to Payment Services, WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver BC, V6B 1J1, phone 604 276-3085 or toll-free 1 888 422-2228. **All fields with \* are required for payment to be processed.** Salaried physicians must use hospital payee number. Incomplete invoices may be returned for resubmission.

<b>Payment information</b>		Invoice number <i>(if applicable)</i>		Invoice date* <i>(yyyy-mm-dd)</i>	
Payee number*		Facility number, if applicable			
Referred by facility, if applicable <i>(name and number)</i>					
Practitioner name		Practitioner number* <i>(may be the same as payee number)</i>		Referred by practitioner, if applicable <i>(name and number)</i>	
Mailing address for payment			City	Province	Postal code*
Telephone number <i>(please include area code)</i>			Fax number <i>(please include area code)</i>		

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

Service recipient last name*			Service recipient first name*		
Service recipient date of birth* <i>(yyyy-mm-dd)</i>         -			Service recipient personal health number* <i>(CareCard number)</i> 		
WorkSafeBC claim number <i>(if available)</i>			Gender* Male <input type="checkbox"/> Female <input type="checkbox"/>		

**Injury information**

Date of injury* <i>(yyyy-mm-dd)</i>		Diagnostic code* <i>(ICD-9 code)</i>		Body part code*	
Side of body* Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Not applicable <input type="checkbox"/>				Nature of injury*	

**Service information**

Service location code*	Date of service* <i>(yyyy-mm-dd)</i>	Fee code*	Description*	After hours indicator <i>(if applicable)</i>	Time service started <i>(hh:mm)</i>	Time service ended <i>(hh:mm)</i>	(A) Fee* <i>(cost per unit)</i>	(B) Number of services* <i>(number of units)</i>	(A) x (B) Line item amount*
<b>Invoice total amount*</b>									

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.