



Complete and **FAX** this **INVOICE** to WorkSafeBC using the fax number provided below. All fields with * are required.

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

Date of invoice (yyyy-mm-dd)
Invoice number

Service recipient information

Client last name* (worker last name)		Client first name* (worker first name)	
Client date of birth (yyyy-mm-dd)		Client personal health number (CareCard number)	
WorkSafeBC claim number*	Date of injury (yyyy-mm-dd)	Client phone number (include area code)	

Therapist information

Therapist name	Therapist contact
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Supplier/vendor information

Payee name		Payee number*	GST registration number	
Mailing address for payment		City	Province	Postal code*
Phone number* (include area code)	Fax number* (include area code)	Name of representative*		

Service information

Date of service/delivery* (yyyy-mm-dd)	Fee code*	Description* (include item/part number)	Number of items* (numbers of units)	Cost per unit*	Line item amount* (not including taxes)	Discount %	Line item discounted amount (not including taxes)	GST (if charged)	PST (if charged)	Line item total* (including taxes)

