



Fax to: WorkSafeBC 604 233-9777
Toll-free 1 888 922-8807

Please complete one fax cover sheet per document you are faxing. For further information regarding the use of this fax cover sheet, please contact Health Care Services at 604 232-7787 or toll-free 1 888 967-5377, ext. 7787.

Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number
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Provider information

Company/provider name	Provider phone number <i>(please include area code)</i>
Provider mailing address	Vendor number <i>(payee number)</i>
	Report date <i>(yyyy-mm-dd)</i>
Date of service <i>(For the report type you are submitting, provide the appropriate service date, such as discharge date, JDA/JSV date, date assessment completed, or submission date of RTW plan or progress report.) (yyyy-mm-dd)</i>	

Service

- | | | |
|---|---|---|
| <input type="checkbox"/> Amputee Multidisciplinary Program | <input type="checkbox"/> Hand Therapy | <input type="checkbox"/> Pain Management Program |
| <input type="checkbox"/> ASTD Services | <input type="checkbox"/> Head Injury Services | <input type="checkbox"/> Physiotherapy Pilot |
| <input type="checkbox"/> Comprehensive Multidisciplinary Pain Assessment (CMPA) | <input type="checkbox"/> MARP Assessment Services | <input type="checkbox"/> RTWSS |
| <input type="checkbox"/> FCE | <input type="checkbox"/> OR 1 | <input type="checkbox"/> Sympathetically-mediated Pain Rehabilitation Services (SPRS) |
| | <input type="checkbox"/> OR 2 | |

Type of report (index code)

- | | |
|--|--|
| <input type="checkbox"/> ASTD Medical Report (ASTDMED) | <input type="checkbox"/> Job Site Visit Report (BSRJSVR) |
| <input type="checkbox"/> MARP Discharge Report (MARPDR) | <input type="checkbox"/> Job Demands Analysis Report (BSRJDAR) |
| <input type="checkbox"/> Intake Report (BSRAR) | <input type="checkbox"/> GRTW Plan or ASTD RTW Plan (BSRGRTWP) |
| <input type="checkbox"/> Progress Report (BSRPR) | <input type="checkbox"/> GRTW Monitoring Report (BSRGRTWR) |
| <input type="checkbox"/> Discharge Report (BSRDR) | <input type="checkbox"/> FCE Report (FCE) |
| <input type="checkbox"/> Physician Report (BSRR) | <input type="checkbox"/> CMPA Report (CMPA) |
| <input type="checkbox"/> Head Injury Treatment (HIT) | <input type="checkbox"/> Other <i>(please specify)</i> (BSRR) _____ |

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