



Please **FAX** the completed form to WorkSafeBC as indicated below. **All fields with * are required for payment to be processed.** Failure to provide this information may result in processing delays.

Number of pages sent of

If additional invoicing space is required to list all items you wish to bill for, submit a second invoice form (83D506).

Invoice number*	Invoice date* (yyyy-mm-dd)	Contract ID*	Service location code
-----------------	----------------------------	--------------	-----------------------

Payment information

Provider name* (agency/payee)		Payee number*		GST registration number*	
Mailing address for payment					
City	Province	Postal code*	Telephone number (include area code)	Fax number (include area code)	

Service recipient's information (worker who received services)

Last name*	First name*	WorkSafeBC claim number*	Personal health number (CareCard number)
Date of birth* (yyyy-mm-dd)		Date of injury (yyyy-mm-dd)	

Service information (for services provided)

Date of service* (yyyy-mm-dd)	Fee item code*	Fee description*	(A) Number of days* (number of units)	(B) Per diem amount* (cost per unit)	(A) x (B) Line item amount* (not including taxes)	GST (if charged)	Line item total* (including taxes)	Comments
Invoice total*								

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

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.