



# Invoice for Orthotic Services

This invoice must be submitted within 90 days of the date of service. **FAX** or mail 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. Please complete all other fields (if possible). Incomplete invoices may be returned for resubmission.

Invoice number	Invoice date* (yyyy-mm-dd)	Contract ID	Service location code*	Authorization number
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## Payment information

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

## Service recipient's information (worker or other person who received service)

Service recipient's last name*	First name*	Date of birth* (yyyy-mm-dd)
WorkSafeBC claim number*	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	Personal health number* (BC Services Card/CareCard number)

## Injury information

Date of injury* (yyyy-mm-dd)	Side of body* <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> N/A	Diagnostic code* (ICD-9 code)	Body part code*	Nature of injury code*
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## Service information

Date of service*	Fee code*	Description (including serial number if applicable)	Number of units*	Cost per unit*	Line item amount* (not including taxes)	GST (if charged)	PST (if charged)	Line item total* (including taxes)
<b>Invoice total*</b>								

## Worker's verification of receiving the device(s) listed on this invoice

Worker's signature*	Date* (yyyy-mm-dd)
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**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 prescribed purpose indicated on the form, and in accordance with the *Freedom of Information and Protection of Privacy Act*. To learn more about the collection of personal information, contact WorkSafeBC's Access to Information and Privacy, FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email [FIPP@worksafebc.com](mailto:FIPP@worksafebc.com), or call 604.279.8171