



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.

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

Table with 5 columns: Invoice number, Invoice date* (yyyy-mm-dd), Contract ID, Service location code, Authorization number

Payment information

Table for payment information with columns: Name of prosthetist*, Name of clinic*, Clinic 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 information (worker or other person who received service)

Table for service recipient information with columns: Service recipient last name*, Service recipient first name*, Date of birth* (yyyy-mm-dd), Personal health number* (CareCard number), WorkSafeBC claim number*, Date of injury* (yyyy-mm-dd)

Service information

Main table for service information with columns: Date of service* (yyyy-mm-dd), 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). Includes an Invoice total* row at the bottom.

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

Table for worker verification with columns: Worker's signature*, Date* (yyyy-mm-dd)

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.