



# Invoice for Treatment Services

This invoice must be submitted within 90 days of the date of service. **Fax** or mail the completed form to WorkSafeBC as indicated below. **All fields marked 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 information

		Invoice number	Invoice date (yyyy-mm-dd)	
Payee name (who will receive payment)		HIBC practitioner number*	Payee number*	
Mailing address for payment		City	Province	Postal code*
Telephone number	Fax number	GST registration number*		

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

Last name*		First name*		Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth* (yyyy-mm-dd)	Date of injury* (yyyy-mm-dd)	Personal health number* (CareCard number)	WorkSafeBC claim number (if available)	

## Injury information

Diagnostic code (ICD9)*	Side of body code*	Body part code*	Nature of injury*
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## Service information

Select one only:  Chiropractic  Massage therapy  Physiotherapy

Massage therapists only, please apply GST as a separate line item for each applicable service.

Service location code*	Date of service* (yyyy-mm-dd)	Fee code*	Service description*	Number of service units*	Cost* (cost per unit)	Line item amount*

**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  
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](mailto:FIPP@worksafebc.com), or call 604.279.8171.