



This invoice must be submitted within 90 days of the date of service. **All fields with * are required for payment to be processed.** Failure to provide this information may result in processing delays or in non-payment. All other fields to be completed (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

| | | | |
|----------------|----------------------------|-------------|-----------------------|
| Invoice number | Invoice date* (yyyy-mm-dd) | Contract ID | Purchase order number |
|----------------|----------------------------|-------------|-----------------------|

Payment information

| | | | |
|--------------------------------------|--------------------------------|-------------------------|--------------|
| Payee/Vendor name | Payee/Vendor number* | GST registration number | |
| Mailing address for payment | City | Province | Postal code* |
| Telephone number (include area code) | Fax number (include area code) | | |

Worker information

| | |
|----------------------------|--------------------------|
| Worker last name* | Worker first name* |
| Referral date (yyyy-mm-dd) | WorkSafeBC claim number* |

Service information

| Date of service* (yyyy-mm-dd) | Fee code | Service item description* | Number of items* (number of units) | Rate (\$) | Line item amount* (not including taxes) | PST (if charged) | GST (if charged) | Line item total* (including taxes) |
|-------------------------------|----------|--|------------------------------------|-----------|---|------------------|------------------|------------------------------------|
| | 1161472 | Referral fee | | 50.00 | | | | |
| | 1161473 | Time-sensitive intervention | | | | | | |
| | 1161474 | Intervention | | | | | | |
| | 1161475 | Initial assessment report | | | | | | |
| | 1161476 | Progress/discharge report | | | | | | |
| | 1161477 | Travel time | | | | | | |
| | 1161478 | Pre-authorized travel expenses | | | | | | |
| | 1161479 | Time-sensitive initial assessment report | | | | | | |
| Total invoice amount | | | | | | | | \$ |

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.