



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. 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

Payment information

Contract ID		Payee name		Invoice number	Invoice date* (yyyy-mm-dd)	
Referred by facility (facility number)		Referred by facility (name of facility)		Payee number*	Facility number, if applicable	
Practitioner number (may be the same as payee number)		Referred by practitioner (practitioner number)		Practitioner name		
Referred by practitioner (name of practitioner)		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)

Service recipient last name*	Service recipient first name*
Service recipient date of birth* (yyyy-mm-dd)	Service recipient personal health number* (CareCard number)
WorkSafeBC claim number (if available)	Gender* Male <input type="checkbox"/> Female <input type="checkbox"/>

Injury information

Date of injury* (yyyy-mm-dd)	Diagnostic code* (ICD-9 code)	
Side of body* Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Not applicable <input type="checkbox"/>	Body part code*	Nature of injury code*

Service information

Service location code*	Date of service* (yyyy-mm-dd)	Fee code*	Fee description*	Number of services* (number of units)	When applicable			Line item amount* (fee)
					After hours indicator (X)	Time call started (hh:mm)	Time call ended (hh:mm)	

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 freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

Invoice total amount*