



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 information		Invoice number		Invoice date* (yyyy-mm-dd)	
		Contract ID	Payee name	Payee number*	
Referred by facility (facility number)		Referred by facility (name of facility)		Practitioner name	
Practitioner number (may be the same as payee number)		Referred by practitioner (practitioner number)		Referred by practitioner (name of practitioner)	
Address associated to payee number		City	Province	Postal code*	
Telephone number (include area code)		Fax number (include area code)			

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

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

Injury information

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

Claims Call Centre
 Phone 604.231.8888
 Toll-free 1.888.967.5377
 M-F, 8 a.m. to 6 p.m.

Fax
 604.233.9777
 Toll-free 1.888.922.8807

Mail
 WorkSafeBC
 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, B.C., V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.