



VOCATIONAL REHABILITATION SERVICES
EXTERNAL PROVIDER NETWORK
SERVICE INVOICE

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
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Note: For all services referred via the WorkSafeBC provider portal, invoices must be created/submitted electronically in the portal. Please do not use this mail/fax invoice for services referred via the portal.

Invoice number	Invoice date* (yyyy-mm-dd)	Authorization number*
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Payment information

Provider (Payee/Agency) name	Payee number*	GST registration number*	
Personnel last name	First name		
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)	WorkSafeBC claim number*	Date of injury (yyyy-mm-dd)

Service information

Date of service end* (yyyy-mm-dd)	Fee code*	Fee description* (services provided)	Number of units* (number of hours, services, or weeks)	Cost per unit* (contract fee amount/ rate per hour)	Line item amount* (not including taxes)	GST (if charged)	PST (if charged)	Line item total* (including taxes)
	1101024	Job placement — durable placement — permanent						
	1154816	Job placement — durable placement — temporary						
	1101026	EDAP 1 — Worker compromised job interview/opportunity						
	1101026	EDAP 2 — Worker declined job interview/opportunity (1 x starting wk. salary)						
	1101026	EDAP 3 — Durable placement (2.5 x starting wk. salary)						
	1101018	Customized VR services (\$75.00 per hour unless otherwise approved)						





**Vocational Rehabilitation Services External Provider
Network Service Invoice (continued)**

Service recipient last name	First name	WorkSafeBC claim number
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Date of service end* <small>(yyyy-mm-dd)</small>	Fee code*	Fee description* <small>(services provided)</small>	Number of units* <small>(number of hours, services, or weeks)</small>	Cost per unit* <small>(contract fee amount/ rate per hour)</small>	Line item amount* <small>(not including taxes)</small>	GST <small>(if charged)</small>	PST <small>(if charged)</small>	Line item total* <small>(including taxes)</small>
Invoice total*								\$

Comments

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.