



# Hearing Aid Services Invoice

Submitting invoices using My Provider Services is the preferred submission method. To create an account please visit [www.worksafeBC.com](http://www.worksafeBC.com). Alternatively, you may use this invoice form, which must be faxed or mailed to WorkSafeBC within 90 days from the date of service. Complete all fields on this form. **All fields marked with \* are required for payment to be processed.**

### Date of submission

Invoice date* (yyyy-mm-dd)	Invoice number*
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### Worker's information

Last name*	First name*	Middle initial	Date of birth (yyyy-mm-dd)	WorkSafeBC claim number*
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### Clinic information

Clinic*	Practitioner	Payee number*	Phone number (include area code)	Fax number (include area code)
Address		City	Province	Postal code

**Service information Note:** Where applicable, attach Manufacturers' invoice stamped with "copy not for processing".

Date of service* (yyyy-mm-dd)	Type of service* (fee description)	Fee code*	Manufacturer make and model	Serial number	Ear(s)* <input type="checkbox"/> L <input type="checkbox"/> R	Number of units*	Cost per unit*	Line item amount* (not incl. taxes)	PST (if charged)	GST (if charged)	Line item total* (incl. taxes)
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<b>Invoice total*</b>											

**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

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.