RESET

# Self Managed Personal Care Invoice

Please **fax** 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.

| Number of pages sent per invoice |
|---|
| of |

If additional space is required to list all items you wish to bill for, please submit a second invoice form (83W134).

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

## Payment information

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

## Service recipient's information (worker who received services)

| Last name* | First name* | Date of birth* (yyyy-mm-dd) |
|---|---|---|
| Personal health number (BC Services Card/CareCard) | WorkSafeBC claim number* | Date of injury (yyyy-mm-dd) |

## Service information (for services provided)

| **Date of service*** (yyyy-mm-dd) (last day of month) | **Fee item code*** | **Fee description*** | **Number of units*** (units = hours) | **Monthly line item amount*** (not including taxes) | **GST** (if charged) | **PST** (if charged) | **Line item total*** (including taxes) |
|---|---|---|---|---|---|---|---|
| | 1240833 | Net wages - HCA | | | | | |
| | 1240842 | Employee CPP Premiums | | | | | |
| | 1240843 | Employer CPP Premiums | | | | | |
| | 1240845 | Employee EI Premiums | | | | | |
| | 1240846 | Employer EI Premiums | | | | | |
| | 1240839 | CRA – Employee Tax Withheld | | | | | |
| | 1240841 | Vacation 6% in lieu - HCA | | | | | |
| | 1148161 | Accounting/Bookkeeping Fees | | | | | |
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# Self Managed Personal Care Invoice

| Worker's last name | First name | WorkSafeBC claim number |
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| | | | | | | **Invoice total*** | |

**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

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**, or call 604.279.8171.