



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

Fax

Phone 604.276.3085

604.233.9777

Toll-free 1.888.422.2228

Toll-free **1.888.922.8807**

Mail

Payment Services, WorkSafeBC

PO Box 4700 Stn Terminal

Vancouver BC V6B 1J1

Payment information	Invoice number	Invoice date (yyyy-mm-dd)	
Provider name	Practitioner number*	Payee number*	
Mailing address for payment	City	Province	Postal code*
Telephone number (include area code)	Fax number (include area code)	GST registration number*	

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

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

Injury information

Diagnostic code (ICD9)*	Side of body code*	Body part code*	Nature of injury*
-------------------------	--------------------	-----------------	-------------------

Service information

Select ONE only: Chiropractic Massage therapy Physiotherapy

Massage therapists only, please apply GST as a separate line item for each applicable service.

Service location code*	Date of service* (yyyy-mm-dd)	Fee code*	Service description*	Number of service units*	Cost* (cost per unit)	Line item amount*
Invoice total*						

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.

