WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

RESET

GENERIC INVOICE — MEDICAL AND HEALTH CARE

This invoice must be submitted within 90 days of the date of service. **All fields with * are required for payment to be processed**. Failure to provide this information may result in processing delays or in non-payment. All other fields to be completed (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
Payment Services, WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

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

Payment information

Payee name		Payee number*	HST registration number	
Mailing address for payment		City	Province	Postal code*
Telephone number *(please include area code)*		Fax number *(please 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)*	Service recipient personal health number *(CareCard number)*
WorkSafeBC claim number*	Date of injury* *(yyyy-mm-dd)*

Service information

Date of service* (yyyy-mm-dd)	**Fee code***	**Description***	**Number of items*** *(number of units)*	**Cost per unit***	**Line item amount*** *(not including taxes)*	**PST** *(if charged)*	**HST/ GST** *(if charged)*	**Line item total*** *(including taxes)*
							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.