



# INVOICE FOR ORTHOTIC SERVICES

This invoice must be submitted within 90 days of the date of service. Please **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**  
Payment Services, WorkSafeBC  
PO Box 4700 Stn Terminal  
Vancouver BC V6B 1J1

Invoice number	Invoice date* (yyyy-mm-dd)	Contract ID	Service location code*	Authorization number
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**Payment information**

Name of orthotist*	Name of clinic*	Payee number*	Practitioner 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*
Gender* Male <input type="checkbox"/> Female <input type="checkbox"/>	Service recipient date of birth* (yyyy-mm-dd)
Service recipient personal health number* (CareCard number)	WorkSafeBC claim number*

**Injury information**

Date of injury* (yyyy-mm-dd)	Side of body* Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Not applicable <input type="checkbox"/>		
Diagnostic code* (ICD-9 code)	Body part code*	Nature of injury code*	

**Service information**

Date of initial assessment* (date of service) (yyyy-mm-dd)	Fee code*	Description (including serial number if applicable)	Number of units*	Cost per unit*	Line item amount* (not including taxes)	HST (if charged)	Line item total* (including taxes)

**Invoice total\***

**Worker's verification of receiving the device(s) listed on this invoice**

Worker's signature*	Date* (yyyy-mm-dd)
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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.

