



Fax to: WorkSafeBC
604 233-9777
Toll-free 1 888 922-8807

You may fax attachments* together with a single copy of 83D110 as the cover sheet.

For further information regarding the use of this cover sheet, please contact Health Care Services at 604 232-7787 or toll-free 1 888 967-5377, ext. 7787.

Worker information

| | | | |
|------------------|------------|----------------|-------------------------|
| Worker last name | First name | Middle initial | WorkSafeBC claim number |
|------------------|------------|----------------|-------------------------|

Provider information

| | |
|--|--|
| Company/provider name | Provider phone number <i>(include area code)</i> |
| Provider mailing address | Payee number <i>(vendor number)</i> |
| | Submission date <i>(yyyy-mm-dd)</i> |
| Number of pages <i>(including cover sheet)</i> | |

Type of report

- Photocopy
- Manufacturer's invoice — please stamp on invoice "COPY ONLY, NOT FOR PROCESSING"
- Other *(including historical copies of audiograms/REM not associated with a billable service)*

*** Please include form number "83D110", worker's claim number, and name on all attachments.**

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