



# 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
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**Payment information**

Payee name	Payee number*	GST 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)	GST (if charged)	Line item total* (including taxes)
<b>Invoice total*</b>								

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.