



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)	Page number	of
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Payment information

Clinic name	Payee number*	Phone number (include area code)	
Mailing address	City	Province	Postal code*

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

Fee codes: Batteries/cells = 19694, Postage = 19700

Date of service* (yyyy-mm-dd)	Service recipient last name*	Service recipient first name*	WorkSafeBC claim number*	Fee code	Number of cells (number of units)	Price/cell* (cost per unit)	Line item amount*
				19694			
				19700	n/a	n/a	
				19694			
				19700	n/a	n/a	
				19694			
				19700	n/a	n/a	
				19694			
				19700	n/a	n/a	

Postage can only be claimed when client lives in excess of 48 km round trip from the clinic.

Invoice total*

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.

