WORK SAFE BC
WORKING TO MAKE A DIFFERENCE

RESET

VOCATIONAL REHABILITATION SERVICES EXTERNAL PROVIDER NETWORK SERVICE INVOICE

CLAIMS CALL CENTRE
Phone 604 231-8888
Toll-free 1 888 967-5377
M–F, 8:00 a.m. to 4:30 p.m.

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Claim information

WorkSafeBC claim number

Title Mr. ❒ Mrs. ❒ Dr. ❒ Ms. ❒ Miss ❒	Worker last name	First name	Middle initial
Referring VRC	Service location	Preferred first name	

Contractor information

Legal business name		Contractor phone number *(please include area code)*
Personnel last name		Address line 1
First name		Address line 2
Invoice number	Date of invoice *(yyyy-mm-dd)*	Date(s) of service *yyyy-mm-dd* to *yyyy-mm-dd*

Services provided

Service description		Max. billable ($)*	Subtotal ($)
Vocational interest and aptitude testing	❒	500.00	
Add: Achievement testing	❒	*350.00*	
Psycho-Vocational testing/assessment	❒	1,800.00	
Add: Learning disability testing	❒	*325.00*	
Psycho - Vocational testing/assessment - document review *(for cancelled appointment where there is no subsequent appointment)*	❒	250.00	
Resume and cover letter preparation	❒	250.00	
Job finding club	❒	1,900.00	
Job search skills - individualized	❒	1,500.00	
Job search skills - group size (two)	❒	1,250.00	
Job search skills - group size (three or more)	❒	1,000.00	
Job placement - individualized	❒	1,950.00	
Extension (where applicable and pre-approved)	❒	*200.00/week x_____ weeks=*	
Durable placement - permanent	❒	*200.00*	
Durable placement - temporary	❒	*100.00*	
Job placement - supported	❒	1,950.00	
Extension (where applicable and pre-approved)	❒	*200.00/week x_____ weeks=*	
EDAP 1 - Worker comprised job interview/opportunity	❒	150.00	
EDAP 2 - Worker declined job interview/opportunity	❒	1 x starting weekly salary	
EDAP 3 - Durable placement	❒	2.5 x starting weekly salary	

* If full service is not provided, adjust fee billed for individual service fee in the Subtotal column accordingly. Please include explanation on the following page in the Comments field.

Date: RECEIVED DATE

WORKERS' COMPENSATION BOARD OF B.C.

WORK SAFE BC
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VOCATIONAL REHABILITATION SERVICES EXTERNAL PROVIDER NETWORK SERVICE INVOICE *(continued)*

WorkSafeBC claim number

Title	Worker last name	First name	Middle initial
Mr. ❒ *Mrs.* ❒ *Dr.* ❒ *Ms.* ❒ *Miss* ❒			

Service description	**Max. billable ($)**	**Subtotal ($)**
Customized VR Services *($75.00 per hour unless otherwise pre-approved)*		
_____ rate per hour x _____ hours		
_____ rate per hour x _____ hours		
_____ rate per hour x _____ hours		
_____ rate per hour x _____ hours		
_____ rate per hour x _____ hours		
_____ rate per hour x _____ hours		
_____ rate per hour x _____ hours		
Itemized travel time and expenses *(where applicable and pre-approved)*		
INVOICE TOTAL($)		

Comments

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.

Date: RECEIVED DATE

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