



Fax to Health Care Services WorkSafeBC at 604 231-8424

**Worker information**

WorkSafeBC claim number
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Title <i>Mr.</i> <input type="checkbox"/> <i>Mrs.</i> <input type="checkbox"/> <i>Dr.</i> <input type="checkbox"/> <i>Ms.</i> <input type="checkbox"/> <i>Miss</i> <input type="checkbox"/>	Worker last name	First name	Middle initial
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**Provider information**

Provider name	Payee number
Address line 1	Invoice number ( <i>max. 5 digits</i> )
Address line 2	Provider phone number ( <i>please include area code</i> )

**Billing invoice**

Invoice date ( <i>yyyy-mm-dd</i> )	Service provided	Fee
	Safety module	\$52.50

If this fax is received in error, please contact WorkSafeBC Health Care Services at 604 232-7787.

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