

This invoice must be submitted within 90 days, by **fax** to 604 244-6292 or 1 888 922-3299, or by mail to Payment Services, WorkSafeBC, PO Box 94460 Stn Main, Richmond BC, V6Y 2V6, phone 604 276-3085 or toll-free 1 888 422-2228. **All fields must be completed.** Incomplete invoices may be returned for resubmission.

Payment information		Billing date <small>mm/dd/yyyy</small>		
Payee number	Facility number, if applicable	Date of approval for non-VSC surgery <small>mm/dd/yyyy</small>		
Surgical centre name		Surgeon name and practitioner number		
Mailing address for payment		City	Province	Postal code
Telephone number ()		Fax number ()		

Worker information

Worker's last name		First name		
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of birth <small>mm/dd/yyyy</small>		
Personal health number		WorkSafeBC claim number (if available)		

Injury information

Date of injury <small>mm/dd/yyyy</small>	Diagnostic code (ICD-9 code)		
Side of body	Body part code	Nature of injury code	

Service information

Service location code	Date of service <small>(mm/dd/yyyy)</small>	WorkSafeBC fee code	Description	Fee	Length of procedure

WorkSafeBC use only

(Entered date and ID stamp)

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.

