WorkSafe

WORKERS' COMPENSATION BOARD OF BC

Payment Services
Phone 604 276-3085 or toll free 1 888 422-2228
Fax 604 244-6292 or toll free 1 888 669-9970

SUMMARY INVOICE FOR ASSIST
Visiting Specialists' Clinic

➤ ➤ **PLEASE NOTE: Incomplete invoices will be returned. Please submit one invoice per patient.** ◄ ◄

Name of assistant	Date surgery performed
	YY / MM / DD

Payable to *(indicate MSP payee number)*

Address	Assist
Name of surgeon	Facility

Name of patient	Personal health number	WCB claim number

Body part	Surgical procedure	MSP code	Time (hours)	Total (WCB use only)

	Total hours (not to exceed surgeon's time)	
	Total payable (number of hours x rate ÷ 3.5)	$

Signature	MD	MSP payee number

83D9 (R09/04)