WORKSAFE BC
WORKING TO MAKE A DIFFERENCE

Mailing address:
PO Box 94460 Stn Main
Richmond BC V6Y 2V6

HOME CARE SERVICES — INVOICE

Please fax completed form to **604 276-3195** or toll-free **1 888 922-3299**.
For further information, please contact Health Care Services at 604 232-7787 or toll-free 1 888 967-5377, ext. 7787.

Number of pages sent ______ of ______

Worker information

Worker's last name	First name	Middle initial	WorkSafeBC (WCB) claim number
Worker's home address *(where service is provided)*			
Phone number ( )			Birth date *yyyy-mm-dd*

Agency information

Agency name and contact person	WorkSafeBC payee number
Mailing address	
Phone number ( )	Fax number ( )

Service information

Invoice period *(yyyy-mm-dd)* From To	Number of hours authorized per week

Date *(yyyy-mm-dd)*	Fee item code	Service type *(e.g. CHW)*	Service time	Number of Hours	Hourly rate	Total	Comments
TOTAL	–	–	–		–		–

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: SERVICE DATE

If additional space is required, please submit a second invoice (form 83M14).