

HEAD INJURY ASSESSMENT AND TREATMENT SERVICES (HIATS) INVOICE

Please fax to WorkSafeBC at **604 214-5498** or toll-free at **1 888 669-9970**.

Total pages sent

If this fax is received in error, please contact WorkSafeBC Health Care Services at 604 232-7787 or toll-free 1 888 967-5377, ext. 7787.

Worker information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Birthdate of worker <i>yyyy-mm-dd</i>		Referral date <i>yyyy-mm-dd</i>	
Date of injury <i>yyyy-mm-dd</i>		Referral source	

Provider information

Provider name	Provider mailing address
Vendor number (payee number)	
Invoice date	
Invoice number (<i>maximum 5 digits</i>)	Provider phone number ()

Billing information

Date of service	Service provided	Report date	Flat fee	For services billed hourly		Amount
				Rate per hour	Number of hours	
Subtotal:						

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.