



Fax to: WorkSafeBC  
Toll free 1 888 669-9970

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**Worker information**

Worker last name	First name	Middle initial	WorkSafeBC claim number
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**Provider information**

Company/provider name	Provider phone number <i>(please include area code)</i>
Provider mailing address	Payee number <i>(vendor number)</i>
	Submission date <i>(yyyy-mm-dd)</i>
Date of service <i>(yyyy-mm-dd)</i>	

**Type of report**

- Audiogram
  Real Ear Measurements  
 Manufacturer's invoice – please stamp on invoice "COPY ONLY, NOT FOR PROCESSING"

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**INDEXERS:** Please index any report(s) submitted with this cover sheet as 83D110. Copies of these reports as submitted with this fax cover sheet are required as "proof" for payment processing.

