

# WOUND CARE AND IV SERVICES INVOICE FOR WORKSAFEBC (WCB OF BC)

**Please fax to: WorkSafeBC**  
**604 276-3195 or**  
**toll-free 1 888 922-3299**

Total pages sent
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**Please note: In the event both in-home care and hospital outpatient services are delivered to the same Injured worker, these must be invoiced separately using this form, correct payee number, and provider address.**

**Type of service – in-home care (please check all applicable)**

All may be invoiced on one invoice, but may not be combined with outpatient hospital care.

<input type="checkbox"/> Initial wound assessment Fee item <b>19890</b>	<input type="checkbox"/> Wound care Fee item <b>19891</b>	<input type="checkbox"/> Home IV therapy Fee item <b>19893</b>
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**Type of service – outpatient hospital care (please check all applicable)**

Both may be invoiced on one invoice, but may not be combined with in-home care.

<input type="checkbox"/> Hospital wound clinic – outpatient services Fee item <b>19892</b>	<input type="checkbox"/> Hospital home IV clinic – outpatient services Fee item <b>19894</b>
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**Provider information**

Provider name	Provider mailing address
Vendor number (payee number)	
Invoice date <small style="text-align: center;">yyyy-mm-dd</small>	
Invoice number (maximum 5 digits)	Provider phone number (       )

**Worker information**

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Personal health number		Body area of injury	
Date of injury <small style="text-align: center;">yyyy-mm-dd</small>		Type of injury	

Date of Service	Service provided	Flat fee (outpatient clinic only)	For rates billed in increments		Amount
			Rate per 30 min. increment	Number of increments	

Comments