

Please complete this form in full and fax to WorkSafeBC at **604 276-3195** or toll free at **1 888 922-3299**.
If you have questions, please call Health Care Services at 604 232-7787 or toll free at 1 888 967-5377, ext. 7787

Number of pages sent

Worker information

Services authorized

Worker's last name	First name	Middle initial	Assistive technology <input type="checkbox"/>	Treatment <input type="checkbox"/>
WorkSafeBC (WCB) claim number	Referral date <small>yyyy-mm-dd</small>	Date of injury <small>yyyy-mm-dd</small>	Maintenance <input type="checkbox"/>	File review <input type="checkbox"/>
			Assess only <input type="checkbox"/>	Time sensitive <input type="checkbox"/>

Provider information

Provider name	Payee number	Provider phone number ()	Invoice date <small>yyyy-mm-dd</small>	Invoice number <i>(limit input to 5)</i>
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Billing information

Travel information

Service date <i>(yyyy-mm-dd)</i>	Fee code	Service provided	Flat fee	For services billed hourly		Amount	Origin city/site	Destination city/site	(✓) <i>(check if round trip)</i>	Travel time <i>(to the nearest quarter hour)</i>
				Rate per hour	Number of hours					

Total travel time
(x travel rate =)

Service subtotal (\$)

--

+

Travel subtotal (\$)

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=

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Total amount invoiced
(services & travel)

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.

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Date: INDEX DATE