



# HOME CARE SERVICES INVOICE

This invoice must be submitted within 90 days of the date of service. **FAX** or mail completed form to WorkSafeBC as indicated below. **All fields with \* are required for payment to be processed.** Failure to provide this information may result in processing delays. Please complete all other fields (if possible). Incomplete invoices may be returned for resubmission. If additional invoicing space is required to list all items you wish to bill for, please submit a second invoice form (83M14).

## PAYMENT SERVICES

Phone 604 276-3085  
Toll-free 1 888 422-2228

**FAX**

**604 233-9777**  
Toll-free 1 888 922-8807

## MAIL

Payment Services, WorkSafeBC  
PO Box 4700 Stn Terminal  
Vancouver BC V6B 1J1

Number of pages sent

Invoice number*	Invoice date* (yyyy-mm-dd)
Contract ID*	Service location code

## Payment information

Payment information		
Provider (agency/payee) name*	Payee number*	GST registration number*
Mailing address for payment		
City	Province	Postal code*
Telephone number <i>(include area code)</i>	Fax number <i>(include area code)</i>	

**Service recipient information (worker or other person who received service)**

Service recipient last name*	Service recipient first name*
Service recipient date of birth* (yyyy-mm-dd)	Service recipient personal health number (CareCard number)
WorkSafeBC claim number*	Date of injury (yyyy-mm-dd)

### Service information

[illegible]**Invoice 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.

