**GENERIC INVOICE – MEDICAL AND HEALTH CARE**

|  |  |  |  |
| --- | --- | --- | --- |
| **INVOICE NUMBER** | **INVOICE DATE\* (YYYY-MM-DD)** | **CONTACT ID** | **AUTHORIZATION NUMBER** |

**PAYMENT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Payee name | Payee number\* | GST registration number |
| Mailing address for payment | City | Province | Postal code\* |
| Telephone number (please include area code) | Fax number (please include are code) |

 **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 (care card number) |
| WorkSafeBC claim number\* | Date of injury\* (yyyy-mm-dd) |

 **SERVICE INFORMATION**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE OF SERVICE (YYYY-MM-DD)** | **FEE CODE\*** | **DESCRIPTION** | **NUMBER OF ITEMS\* (NUMBER OF UNITS)** | **COST PER UNIT\*** | **LINE ITEM AMOUNT\* (NOT INCLUDED TAXES)** | **PST (IF CHANGED)** | **GST (IF CHANGED)** | **LINE ITEM TOTAL\* (INCLUDING TAXES)** |
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 **TOTAL:
Thank You For Your Business!!**