**GENERIC INVOICE – MEDICAL AND HEALTH CARE**

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| --- | --- | --- | --- |
| 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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