



Fax to: WorkSafeBC
604.233.9777
Toll-free 1.888.922.8807

You may fax attachments* together with a single copy of 83D110 as the cover sheet.

For further information regarding the use of this cover sheet, please contact Health Care Services at 604.232.7787 or toll-free 1.888.967-5377, ext. 7787.

Number of pages (including cover sheet)

Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
--------------------	------------	----------------	-------------------------

Clinic's information

Clinic			Payee number
Mailing address			
City	Province	Postal code	Phone number (include area code)
Fax number (include area code)		Submission date (yyyy-mm-dd)	

Type of report

- ☐ Photocopy
- ☐ Manufacturer's invoice — please stamp on invoice "COPY ONLY, NOT FOR PROCESSING"
- ☐ Other (including historical copies of audiograms/REM not associated with a billable service)

*** Please include form number "83D110," worker's claim number, and name on all attachments.**

Please note that the information contained in this facsimile transmission is **CONFIDENTIAL AND INTENDED FOR THE USE OF THE PERSON TO WHOM IT IS ADDRESSED**. Any copying, disclosure, dissemination, or distribution of this transmission by anyone other than the intended recipient is prohibited. If you have received this transmission in error, please notify the sender immediately by telephone and arrangements will be made for the retrieval of such document at no cost to you.

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.