WSCC Workers' Safety & Compensation Commission | ᐃᖃᓗᓇᐃᔭᖏᑎᓂᑦ ᐊᑦᑕᓇᖅᑐᓂᒃ ᖃᐅᔨᓴᖅᓯᒪᔨᓂᖅ ᖃᐅᔨᒪᔭᐃᓂᖅ

# Medical Invoice

**Complete and return this invoice to Financial Services. Medical Reports send to Claims Services.**

| | |
|---|---|
| Invoice Date MM DD YY | |
| Invoice Number | |

**Health Care Provider Information**

| | | |
|---|---|---|
| Name of Health Care Provider (please print) | | |
| Payable to (if different than Health Care Provider) | | |
| Mailing Address (include postal code) | Telephone (include area code) | Fax (include area code) |

**Worker Information**

| | | | |
|---|---|---|---|
| Last Name | | First Name | |
| Claim Number (if known) | Date of Birth MM DD YY | Date of Accident/Injury MM DD YY | |
| Employer | | Other Accident/Injury Details | |

**Service Information**

| Date of Service MM-DD-YYYY | Description of Service/Goods | Item Amount | Item Quantity | Extended Amount |
|---|---|---|---|---|
| | | | | 0.00 |
| | | | | 0.00 |
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| | | | | 0.00 |
| | | | | 0.00 |
| | | | | 0.00 |
| | | | **Total Due:** | 0.00 |
| | | | **WSCC IS GST ZERO RATED 107442691** | |

**The WSCC may use this information for the administration of legislation under our authority, including the *Workers' Compensation Acts*, the *Safety Acts*, and/or the *Mine Health and Safety Acts*, and their associated *Regulations*, and to contact you in relation to the requirements under the relevant legislation. It is your responsibility when providing an email address to ensure reasonable safeguards are in place to protect the confidentiality and security of your personal information within your email account.**

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax: 1-866-277-3677
or
Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8501 • Toll Free Fax: 1-866-979-8501

**finance@wscc.nt.ca • finance@wscc.nu.ca**
**wscc.nt.ca • wscc.nu.ca**

Ce formulaire est disponible en français.