WSCC Workers' Safety & Compensation Commission | ᐃᖃᓗᓇᐃᔭᖏᑎᓂᒃ ᐊᑕᐊᓘᑐᓂᒃ ᐊᒻᒪᓗ ᓇᓕᓕᒫᓂᒃ ᖃᐅᔨᓴᖅᓯᒪᔨᖅ

Medical Invoice

Complete and return this invoice to WSCCAP@wscc.nt.ca.

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)	Vendor Email Address	
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
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
			Total Due:	$ 0.00
			WSCC IS GST ZERO RATED 107442691	

All invoices must be sent to our Head Office in Yellowknife at WSCCAP@wscc.nt.ca

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

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

wscc.nt.ca • wscc.nu.ca

Ce formulaire est disponible en français.