Murrayville Family Practice Group **Willoughby Family Practice Group**

WSBC Information

Today's Date: _____

Fully complete any missing or incorrect information or if you do not contact WorkSafe to submit your claim this will result in the refusal of the claim by WorkSafe and possible delay in any benefits that may be claimed.

- ***May also result in your office visit being directly invoiced to you.***

BE ADVISED: The physician is obligated to report all services related to a work injury. You will be given the option to pursue or cancel your claim when you are contacted by WorkSafe BC.

- ***In the event you do not pursue this claim with WorkSafe it is imperative you call our office and inform staff.***

Patient Information: **(Staff verify home address and phone numbers)**

Name: _____

Email: _____

WCB Claim Number: _____

- **Must be obtained before leaving office. Allow patient to call: 1-888-967-5377 to file claim and obtain the Claim Number.**

Date of work injury: day/month/year: _____/_____/_____

Who rendered first treatment (name of doctor or clinic):

_____

_____

What did you injure (body part)? _____

Brief description of what occurred:

_____

_____

_____

Employer Information:

*Full name of employer: _____

Full address and postal code: _____

_____

Work (Employer) phone number: _____

Contact person: _____