

# INFORMATION BULLETIN

## Hearing Aid Service Providers Updates

#2010 - 01

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Happy New Year!

### **Agreement Updates:**

As many of you know, Health Care Services has introduced a new fee schedule (attached) for the Hearing Aid Services Agreement, which is effective January 1, 2010 to February 28, 2011.

We also wanted to clarify that the option to direct bill WorkSafeBC for hearing aids is not yet in effect. We expect to have this option in place closer to March 2010 and will provide sufficient notice to those clinics that opted to participate.

### **Trends noted by The Hearing Loss Unit:**

- The 51W6 “Replacement Information Request” form needs to have all sections fully completed including:
  - Correct claim number;
  - Legible phone number;
  - Legible fax number;
  - Fitting date (not the date you are filling out the 51W6); and
  - Proposed solution (including at least the style of aid being suggested).

Illegible or missing information creates delays for processing of hearing aid program related requests.

- Please do not send in copies of WorkSafeBC correspondence along with fitting documentation. This includes copies of decision letters, authorization letters, 51W6 forms with 'WCB already approved this', etc.
- Please make sure all submitted hearing aid verification measurements (REM) are legible and labeled. Labeling includes:
  - Client name;
  - Claim number;
  - Make, model, and serial numbers;
  - Date of measurement;
  - Input levels; and,
  - An explanation if target is not achieved on new fittings.

- Providers often ask the Hearing Loss Department to respond to requests or correspondence by e-mail. Unfortunately WorkSafeBC cannot communicate via e-mail due to security reasons.

**Trends noted by Payment Services, which may result in delayed or no payments:**

- Providers need to consistently use the cover sheets (83D110) when sending in proofs (especially manufacturer repair invoices) such as Audiograms.
- Providers must not invoice for \$0 amounts. Please leave spaces/amounts blank if not invoicing for one of the fee codes printed on the invoice.
- Providers must not list credit items on invoices that contain payment items. If you need to send a credit, when you have experienced an overpayment, please either list only the credit on the invoice or use the 83D59 (provider credit memo)  
<http://www.worksafebc.com/forms/assets/Word/83D59.doc>.
- Providers should not be sending WorkSafeBC a copy of the manufacturer hearing aid invoice, as we already have a copy.

Please ensure you have the latest version of all forms. These can be downloaded at [www.worksafebc.com](http://www.worksafebc.com), under 'forms', and 'health care providers'.

**Resubmitting Invoices:**

For questions related to invoices or resubmissions, call Payment Services at 604-276-3085 or 1-888-422-2228 or Lesley Hartman/Neeta Dardi, Payment Officers at 604-214-6709. They can assist in providing information on how to do resubmissions or the status of submitted invoices.

In closing, we again thank you for your understanding as we implement this new system. As always, Health Care Services remains committed to helping you resolve any difficulties you may encounter in doing business with WorkSafeBC.

Please contact us if you have any questions.



## SCHEDULE B – FEE SCHEDULE

Fee Code	Service	Business Rules	Fees Jan. 1–Dec. 31, 2009	Fees Jan. 1, 2010-Feb. 28, 2011
	<b>1.0 Fitting and Dispensing Fee</b>			
<b>19680</b>	<b>Hearing Aid Fitting Fee</b> Includes: <ul style="list-style-type: none"> <li>• Any hearing assessments required to select the most appropriate type of Hearing Aid;</li> <li>• Ear impression, Hearing Aid selection, fitting,(including programming of multiple memory aids), verification and any adjustment of Hearing Aid, or earmold if required;</li> <li>• Instructions to the Injured Worker concerning operation, care and maintenance of device;</li> <li>• Any follow-up for one (1) year including on site repairs, counseling and fitting adjustments; and</li> <li>• Distribution of Education Pamphlet and explanation of its contents to the Injured Worker.*</li> </ul>	<ul style="list-style-type: none"> <li>• Flat Fee – Per Aid.</li> <li>• CROS-BiCROS fitting is considered as one (1) aid fitting fee in addition to 2.1 Dispensing Fee.</li> <li>• Fee does not include the invoice cost of an earmold, which can be invoiced along with the fitting fee.</li> <li>• WorkSafeBC will not pay for Remote Controls, Remote Control Programmers, Hearing Aid Programmers, Amplification Devices, Special Telephones, or the maintenance or repair of any such device.</li> <li>• If a re-evaluation has been provided and invoiced within six (6) months prior to a fitting fee being invoiced, the fitting fee must be reduced by fifty dollars (\$50.00).</li> <li>• In order to receive this fee, the Contractor must distribute the Education Pamphlet.</li> <li>• Must include audiogram and real ear measurements with the cover sheet (83D110).</li> </ul>	\$476.00 Per Aid	\$485.52 Per Aid
<b>19681</b>	<b>First Time Fitting Fee</b>	<ul style="list-style-type: none"> <li>• Flat fee - Per Injured Worker with newly accepted Claim.</li> <li>• Shall be invoiced with the Fitting Fee.</li> </ul>	\$25.00 Per Injured Worker	\$25.50 Per Injured Worker
<b>19625</b>	<b>First Time Fitting 6-months Follow up Fee</b>	<ul style="list-style-type: none"> <li>• Flat fee - Per Injured Worker with a newly accepted claim.</li> <li>• Billable six (6) months to twelve (12) months following the fitting.</li> </ul>	\$25.00 Per Injured Worker	\$25.50 Per Injured Worker

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	<b>1.0 Fitting and Dispensing Fee</b>			
<b>19685</b>	<p><b>CROS-BiCROS Dispensing Fee</b></p> <p>If the claim is accepted for one (1) ear only, the system requires pre-approval if the cost (including the Hearing Aid) exceeds \$700.00.</p> <p>If the claim is accepted for two (2) ears, the system requires pre-approval if the cost (including the Hearing Aid) exceeds \$1,400.00.</p>	<ul style="list-style-type: none"> <li>• Flat Fee – Per Injured Worker.</li> <li>• Fee is in addition to one (1) Fitting Fee 1.1.</li> <li>• Cover sheet (83D110) with audiogram and real ear measurements must be received by WorkSafeBC.</li> </ul>	<p>\$100.00 Per Injured Worker</p>	<p>\$102.00 Per Injured Worker</p>
<b>19686</b>	<p><b>Assistive Listening Device (ALD) Dispensing Fee</b></p> <p>Applies only when a device requires an assessment, counseling or training in the use of device.</p>	<ul style="list-style-type: none"> <li>• Flat Fee – Per Injured Worker.</li> <li>• Must be pre-authorized by WorkSafeBC.</li> <li>• Not billable if a fitting fee applies.</li> <li>• Device will be billed as per the manufacturer’s invoice cost.</li> <li>• Cover sheet with manufacturer’s invoice must be received by WorkSafeBC and stamped “copy only - not for processing”.</li> </ul>	<p>\$125.00 Per Injured Worker</p>	<p>\$127.50 Per Injured Worker</p>
<b>19626</b>	<b>Re-fitting Fee for Lost Hearing Aid</b>	<ul style="list-style-type: none"> <li>• Must be pre-authorized by WorkSafeBC.</li> <li>• Flat Fee - Per Ear.</li> <li>• For re-fitting when a hearing aid is lost within twelve (12) months of the original fitting.</li> <li>• Includes services as per Hearing Aid Fitting Fee above including any follow-up for one (1) year.</li> </ul>	<p>\$100.00 Per Ear</p>	<p>\$102.00 Per Ear</p>
<b>19627</b>	<b>Deductible for Lost Hearing Aid</b>	<ul style="list-style-type: none"> <li>• Must be pre-authorized by WorkSafeBC.</li> <li>• For reimbursement of manufacturer deductible for lost hearing aids under warrantee.</li> <li>• Cover sheet with manufacturer’s invoice must be received by WorkSafeBC and stamped “copy only - not for processing”.</li> </ul>	<p>Manufacturer’s invoice cost</p>	<p>Manufacturer’s invoice cost</p>

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	<b>1.0 Fitting and Dispensing Fee</b>			
<b>19637</b>	<b>Ear-Level Sound Generator Fitting Fee</b>	<ul style="list-style-type: none"> <li>• Must be pre-authorized by WorkSafeBC</li> <li>• Fee does not include the invoice cost of an earmold, which can be invoiced along with the Fitting Fee or Combination Device Fitting Fee.</li> </ul>	\$100.00 Per Ear	\$102.00 Per Ear
<b>19631</b>	<b>Combination Device Fitting Fee</b> <ul style="list-style-type: none"> <li>• Ear impression, Device selection, fitting,(including programming of multiple memory aids), verification and any adjustments of device, or earmold if required;</li> <li>• Instructions to the Injured Worker concerning operation, care and maintenance of device;</li> <li>• Any follow-up for one (1) year including on site repairs, counseling and fitting adjustments; and</li> <li>• Refitting a Combination Device within one (1) year of fitting if replaced under the manufacturer’s warranty.</li> <li>• Distribution of Education Pamphlet and explanation of its contents to the Injured Worker.</li> </ul>	<ul style="list-style-type: none"> <li>• Must be pre-authorized by WorkSafeBC.</li> <li>• Fee does not include the invoice cost of an earmold, which can be invoiced along with the fitting fee.</li> <li>• Service must completed by a WorkSafeBC qualified Hearing Aid Service Providers.</li> <li>• Must not be invoiced with the hearing aid Fitting Fee or the Ear Level Sound Generator Fitting Fee.</li> <li>• Cover sheet (83D110) with audiogram and real ear measurements must be received by WorkSafeBC.</li> </ul>	\$576.00 Per Ear	\$587.52 Per Ear
<b>19630</b>	<b>Bed-Side Sound Generator Dispensing Fee</b> Applies only when a device requires an assessment, counseling or training in the use of device.	<ul style="list-style-type: none"> <li>• Must be pre-authorized by WorkSafeBC.</li> <li>• Only billed once per bed-side sound generator.</li> </ul>	\$30.00 Per Sound Generator	\$30.60 Per Sound Generator

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Fee Code	Service	Business Rules	Fees Jan. 1–Dec. 31, 2009	Fees Jan. 1, 2010-Feb. 28, 2011
	<b>2.0 Service Fees</b>			
<b>19687</b>	<p><b>In-house Service</b></p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• Parts, fabrication and dispensing for minor in-house service, adjustments, reprogramming and/or repairs such as battery doors, re-tubing earmolds, ear hooks, soft coat, removing wax and changing wax guards from the Hearing Aid.</li> </ul>	<ul style="list-style-type: none"> <li>• Flat Fee – Maximum four (4) times per year-per aid.</li> <li>• Not billable within the twelve (12) months of a fitting fee.</li> <li>• Not billable with an out-of-office repair fee, except if the in-house service is for an earmold and the out-of-office repair is for a BTE Hearing Aid for the same ear.</li> <li>• May be invoiced simultaneously with the re-evaluation fee.</li> </ul>	\$25.00 Per Aid	\$25.50 Per Aid
<b>19688</b>	<p><b>Out-of-office Remake or Repair</b></p> <p>Applicable when aid must be sent to manufacturer either to return the Hearing Aid (or remote control if it was included with the hearing aid) to the manufacturer’s specifications or when a circuit and/or shell change is necessary to meet the needs of the Injured Worker.</p> <p>Includes:</p> <ul style="list-style-type: none"> <li>• Evaluation before and/or after to determine if repair, circuit and/or shell change meets needs of the Injured Worker; and</li> <li>• Insurance and handling charges to the manufacturer.</li> </ul>	<ul style="list-style-type: none"> <li>• Flat Fee – Maximum once (1) every six (6) consecutive months – Per Aid.</li> <li>• Not billable if a fitting fee or manufacturer’s repair warranty applies.</li> <li>• Not billable in conjunction with in-house service except as stated above.</li> <li>• May be invoiced in conjunction with a re-evaluation fee.</li> <li>• Cover sheet with manufacturer’s invoice (describing repair, cost of repair, insurance &amp; handling) must be received by WorkSafeBC and stamped “copy only - not for processing”.</li> </ul>	\$55.00 Per Aid	\$56.10 Per Aid
<b>19682</b>	<p><b>Hearing Aid Return</b></p> <p>Applicable if a Hearing Aid is returned within sixty (60) calendar days after the fitting and no other device is fitted.</p>	<ul style="list-style-type: none"> <li>• Flat Fee – Per Aid.</li> <li>• Not billable if a fitting fee or dispensing fee applies.</li> <li>• Fitting Fee must be credited to WorkSafeBC if previously invoiced.</li> </ul>	\$100.00 Per Aid	\$102.00 Per Aid

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Fee Code	Service	Business Rules	Fees Jan. 1–Dec. 31, 2009	Fees Jan. 1, 2010-Feb. 28, 2011
	<b>2.0 Service Fees</b>			
<b>19691</b>	<p><b>Ear Impression</b> Applicable when a replacement shell is required for a custom Hearing Aid or a replacement earmold for a Behind-the-Ear (BTE) Hearing Aid.</p>	<ul style="list-style-type: none"> <li>• Flat Fee-Maximum one (1) time per year-per ear.</li> <li>• Not billable if fitting or dispensing fee applies.</li> </ul>	\$30.00 Per Ear	\$30.60 Per Ear
<b>19692</b>	<p><b>Re-evaluation of the Injured Worker/Hearing Aid(s)</b> Applicable two (2) times during life of the Hearing Aid at the Contractor’s discretion when Injured Worker presents to his current Service Provider, unsolicited, with a complaint(s) after one (1) year or more from his/her most recent Hearing Aid fitting. Includes:</p> <ul style="list-style-type: none"> <li>• Any necessary evaluation for continued Hearing Aid management of the Injured Worker.</li> </ul>	<ul style="list-style-type: none"> <li>• Flat Fee – Per Injured Worker.</li> <li>• Cannot be billed during 1<sup>st</sup> year following fitting.</li> <li>• Up to two (2) times during life of Hearing Aid.</li> <li>• Not billable if fitting fee applies. This fee may not be invoiced if the re-evaluation results in a new hearing aid fitting. If a re-evaluation has been provided and invoiced within (6) months prior to a new hearing aid fitting, the fitting fee must be reduced by fifty dollars (\$50.00).</li> <li>• May be invoiced simultaneously with an in-house service fee.</li> <li>• May be invoiced simultaneously with an out of office repair fee.</li> <li>• Cover sheet (83D110) with audiogram and real ear measurements (if required) must be received by WorkSafeBC.</li> </ul>	\$55.00 Per Injured Worker	\$56.10 Per Injured Worker

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	<b>2.0 Service Fees</b>			
<b>19628</b>	<p><b>Clinic Transfer Fee</b> Includes any necessary evaluation for continued Hearing Aid management of the Injured Worker.</p>	<ul style="list-style-type: none"> <li>• Only billable if worker transfers to a clinic with a different legal ownership and requires evaluation.</li> <li>• May be invoiced simultaneously with an in-house service fee.</li> <li>• May be invoiced simultaneously with an out of office repair fee.</li> <li>• Cover sheet (83D110) with audiogram and real ear measurements (if required) must be received by WorkSafeBC.</li> </ul>	<p>\$100.00 Per Injured Worker</p>	<p>\$102.00 Per Injured Worker</p>
	<b>3.0 Diagnostic Fees</b>			
<b>19696</b>	<p><b>Timely:</b> Must be pre-approved and/or referred by a WorkSafeBC Board Officer or designate. Includes report (51D4) with content and format described in Schedule A.</p>	<ul style="list-style-type: none"> <li>• Flat Fee.</li> <li>• Report <b>must be received within</b> five (5) business days after completion of the assessment.</li> <li>• Shall not be invoiced in conjunction with a fitting fee.</li> </ul>	<p>\$90.00 Per Assessment</p>	<p>\$91.80 Per Assessment</p>
<b>19697</b>	<p><b>Not Timely:</b> Must be pre-approved and/or referred by a WorkSafeBC Board Officer or designate. Includes report (51D4) with content and format described in Schedule A.</p>	<ul style="list-style-type: none"> <li>• Flat Fee.</li> <li>• Report <b>received more than</b> five (5) business days after completion of the assessment.</li> <li>• Shall not be invoiced in conjunction with a fitting fee.</li> </ul>	<p>\$80.00 Per Assessment</p>	<p>\$81.60 Per Assessment</p>

## SCHEDULE B – FEE SCHEDULE

Fee Code	Service	Business Rules	Fees Jan. 1–Dec. 31, 2009	Fees Jan. 1, 2010-Feb. 28, 2011
	<b>4.0 Accessories</b>			
<b>19693</b>	<p><b>Accessories</b> listed below do not require pre-approval from WorkSafeBC but are to be dispensed only on an as needed basis.</p> <p>Accessories include: dry aid kits, ear gene, wax guard kits, wax removal kits, hearing aid cleaning tools, earmold cleansing tablets, telephone ear pads, CROS and BiCROS cords, oto-ferm, comply soft wraps, sanitation cleaner, superseals, CFA tubes, ear mold blowers and items (e.g. tubes/domes) for open-fittings,. For any other item not listed above the Contractor must obtain pre-approval from the Hearing Loss Claims Department. This includes Global Dry and Store Kits and amplified telephones. This also includes remote controls if the Hearing Aid Price Cap is exceeded.</p>	<ul style="list-style-type: none"> <li>• Reason for dispensing the item(s) must be submitted with invoice.</li> <li>• The Workers Compensation Act (21.6), states that fees for any health care furnished shall not be more than would be properly and reasonably charged to the Injured Worker if the worker were paying as a private individual and not as a WorkSafeBC Injured Worker.</li> <li>• Any item not listed and that does not have pre-approval is not billable.</li> <li>• When applicable, accessories shall include a warranty against defective material, workmanship, and performance.</li> </ul>	Private Pay Price	Private Pay Price
<b>19562</b>	<p><b>HAPS – Accessories over \$100.00</b></p> <p>The Contractor must obtain pre-approval from the Hearing Loss Claims Department for any accessory over \$100.00.</p> <p>This includes Global Dry and Store Kits and amplified telephones. This also includes remote controls if the Hearing Aid Price Cap is exceeded.</p>	<ul style="list-style-type: none"> <li>• Reason for dispensing the item(s) must be submitted with invoice.</li> <li>• The Workers Compensation Act (21.6) states that fees for any health care furnished shall not be more than would be properly and reasonably charged to the Injured Worker is the worker were paying as a private individual and not as a WorkSafeBC Injured Worker.</li> <li>• Any item that does not have pre-approval is not billable.</li> <li>• When applicable, accessories shall include a warranty against defective material, workmanship and performance.</li> </ul>	Private Pay Price	Private Pay Price

## SCHEDULE B – FEE SCHEDULE

Fee Code	Service	Business Rules	Fees Jan. 1–Dec. 31, 2009	Fees Jan. 1, 2010-Feb. 28, 2011
	<b>4.0 Accessories</b>			
<b>19694</b>	<b>Batteries</b> do not require pre-approval from WorkSafeBC. The aid(s) must be powered with the maximum strength battery available for that aid(s). The Injured Worker will be supplied an appropriate number of batteries during the Hearing Aid trial fitting process and for the lifetime of the Hearing Aid.	<ul style="list-style-type: none"> <li>• Flat Fee – Per Cell.</li> <li>• Injured Worker will be supplied with appropriate number of batteries for a minimum of six (6) months.</li> <li>• Invoice on the Battery Invoice (51D3), separate from other services.</li> <li>• Injured Worker’s signature to confirm battery receipt must be maintained in the worker’s file.</li> </ul>	\$1.25 Per Cell	\$1.28 Per Cell
<b>19699</b>	<b>Ear Mold</b>	<ul style="list-style-type: none"> <li>• Manufacturer’s invoice cost of ear mold.</li> <li>• Includes any shipping and handling costs applied by manufacturer.</li> <li>• Cover sheet with manufacturer’s invoice must be received by WorkSafeBC and stamped “copy only - not for processing”.</li> </ul>	Manufacturer’s invoice cost	Manufacturer’s invoice cost
	<b>5.0 Hearing Aid Cost Share Arrangement</b>			
<b>19695</b>	If the Hearing Aid exceeds the manufacturer’s price of \$700.00, and the Injured Worker wishes to enter into a Cost Share Arrangement.	<ul style="list-style-type: none"> <li>• WorkSafeBC Contribution = Fitting Fee plus Hearing Aid Price Cap.</li> <li>• Injured Worker Portion = the difference in retail (private-pay) price of the Hearing Aid and WorkSafeBC’s contribution.</li> </ul>	Fitting Fee + Hearing Aid Price Cap	Fitting Fee + Hearing Aid Price Cap
	<b>6.0 Other Devices</b>			
<b>19632</b>	<b>Assistive Listening Device (ALD)</b>	<ul style="list-style-type: none"> <li>• Cover sheet with manufacturer’s invoice must be received by WorkSafeBC and stamped “copy only - not for processing”.</li> <li>• Requires pre-authorization.</li> </ul>	Manufacturer’s invoice cost	Manufacturer’s invoice cost
<b>19636</b>	<b>Ear Level Sound Generator</b>	<ul style="list-style-type: none"> <li>• Cover sheet with manufacturer’s invoice must be received by WorkSafeBC and stamped “copy only - not for processing”.</li> <li>• Requires pre-authorization.</li> </ul>	Manufacturer’s invoice cost	Manufacturer’s invoice cost

## SCHEDULE B – FEE SCHEDULE

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	<b>6.0 Other Devices</b>			
<b>19638</b>	<b>Combination Device</b>	<ul style="list-style-type: none"> <li>• Must be pre-authorized by WorkSafeBC.</li> <li>• Providers cannot invoice for both a combination device and a separate hearing aid for the same ear.</li> <li>• Cover sheet with manufacturer’s invoice must be received by WorkSafeBC and stamped “copy only - not for processing”.</li> </ul>	Manufacturer’s invoice cost	Manufacturer’s invoice cost
<b>19639</b>	<b>Bed Side Sound Generator</b>	<ul style="list-style-type: none"> <li>• Must be pre-authorized by WorkSafeBC.</li> <li>• Cover sheet with manufacturer’s invoice must be received by WorkSafeBC and stamped “copy only - not for processing”.</li> <li>• May include pillow speaker accessory.</li> </ul>	Manufacturer’s invoice cost	Manufacturer’s invoice cost
	<b>7.0 Miscellaneous Fees</b>			
<b>19684</b>	<b>Non E-Commerce Fee</b>	<ul style="list-style-type: none"> <li>• WorkSafeBC will deduct the e-commerce fee on all invoices submitted non-electronically.</li> <li>• This fee only applies when an electronic billing system is in place.</li> </ul>	- \$8.00	- \$8.00
<b>19634</b>	<b>Shipping</b>	<ul style="list-style-type: none"> <li>• Cover sheet with manufacturer’s invoice must be received by WorkSafeBC and stamped “copy only - not for processing”.</li> </ul>	Manufacturer’s invoice cost	Manufacturer’s invoice cost
<b>19700</b>	<b>Postage and Insurance</b>	<ul style="list-style-type: none"> <li>• To be used only in instances in which the client lives more than twenty-four (24) kms from the clinic and requires that items be mailed to him or her from the clinic.</li> </ul>	As billed by the Hearing Aid Provider	As billed by the Hearing Aid Provider
<b>19644</b>	<b>Travel</b>	<ul style="list-style-type: none"> <li>• Billed in fifteen (15) minute increments.</li> <li>• Must be pre-authorized by WorkSafeBC.</li> <li>• For travel to and from a Worker’s residence.</li> <li>• Does not include service fees.</li> </ul>	\$12.50 per 15 minutes	\$12.75 per 15 minutes

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	<b>7.0 Miscellaneous Fees</b>			
<b>19689</b>	<b>Photocopy</b> <ul style="list-style-type: none"> <li>• Must be requested by WorkSafeBC.</li> <li>• Does not include attachments that are required with invoices (i.e. verification measures, audiograms).</li> </ul>	<ul style="list-style-type: none"> <li>• Flat Fee – First five (5) pages.</li> <li>• Not reimbursed if copy not legible and/or does not meet WorkSafeBC’s e-file scanning requirements.</li> <li>• Copy must be received within seven (7) business days of the request.</li> </ul>	\$22.36	\$22.81
<b>19690</b>	<b>Photocopy – Additional Pages</b> <ul style="list-style-type: none"> <li>• Must be requested by WorkSafeBC</li> <li>• Does not include attachments that are required with invoices (i.e. verification measures, audiograms).</li> </ul>	<ul style="list-style-type: none"> <li>• Flat Fee – Additional pages: per page.</li> <li>• Not reimbursed if copy not legible and/or does not meet WorkSafeBC’s e-file scanning requirements.</li> <li>• Copy must be received within seven (7) business days of the request.</li> </ul>	\$1.15 Per Page	\$1.17 Per Page
<b>19698</b>	<b>Manufacturer’s Repair Cost</b>	<ul style="list-style-type: none"> <li>• Manufacturer’s invoice cost associated with an out-of-office repair/remake.</li> <li>• Includes any shipping and handling costs applied by manufacturer.</li> <li>• Cover sheet with manufacturer’s invoice must be received by WorkSafeBC and stamped “copy only - not for processing”.</li> </ul>	Manufacturer’s invoice cost	Manufacturer’s invoice cost