

Workers Care Program

Tax invoicing requirements – Workers Care

We can only process and pay your tax invoice if your business details are correctly registered with us. To register or update your business details, visit our webpage [How to invoice Lifetime Care and Workers Care | icare \(nsw.gov.au\)](#).

How to invoice us

Your tax invoice **must** include the information listed in the table below. Omitting any of these details may result in payment delays or your tax invoice being returned for correction. An example of a valid tax invoice is provided below

*Pharmacists – for additional invoicing requirements, refer to the State Insurance Regulatory Authority’s (SIRA) [Medication management in the NSW personal injury scheme: Better practice guide](#), available from the SIRA website www.sira.nsw.gov.au.

Item #	Requirement	Detail
1	Title	Must include the words ‘tax invoice’ (not just ‘invoice’)
2	Unique invoice number	Use a unique number for each tax invoice Only issue a duplicate tax invoice if requested by us
3	Invoice date	The date the tax invoice was issued following completion of the service or as per agreement
4	ATO registered business name and registered address or preferred address for payment	The business name is the name that the Australian Tax Office has registered to the ABN included on the tax invoice. Include the registered address of the business or the preferred address for payment, provider phone and email contact details. Details of the ABN and name will be listed on the Australian Business Register at www.abr.gov.au Go to: Quick links > Check an ABN in ABN lookup.
5	ABN	Australian Business Number (ABN) of registered business
6	Name and address of Workers Care	Address the tax invoice to: Workers Care GPO Box 4052 Sydney NSW 2001
7	Worker name and claim number	Include the full name of the injured worker and their claim number These are found on the Service Approval / Purchase Order. The claim number does not change.
8	Approval number	Include the current approval number on your tax invoice, beginning with RP. You can find the approval number on the current Service Approval / Purchase Order that your tax invoice relates to.

Item #	Requirement	Detail
9	Details of services provided	<p>Include all of the following:</p> <ul style="list-style-type: none"> • date that each individual service was provided • full name of the provider who delivered the services • details of the provider who delivered services to the worker, including: <ul style="list-style-type: none"> ◦ SIRA Vocational Rehabilitation provider number (linked to company not individual) ◦ the Medicare provider number (individual), if applicable ◦ provider's SIRA approval number (individual), if applicable • clear description of the service provided • an item code for each service provided. Use either the payment code from the Service Approval / Purchase Order to which your invoice refers or an Australian Medical Association (AMA) code, where applicable • unit price for the service/item, exempt of GST • quantity of the service/duration of services provided • the amount of GST payable per unit, if applicable • the total price of the service provided <p>Note: rates must comply with the relevant workers compensation fees order, where applicable</p>
10	Invoice summary	<p>The invoice summary is to include:</p> <ul style="list-style-type: none"> • GST exclusive sub-total of costs or fees claimed • total of GST applicable items. Leave blank if no GST applies • total amount due, including GST
11	Notes	<p>Make a note if the provider is not registered for GST. Include information related specifically to the tax invoice but not to the services provided.</p>
12	Provider payment details	<p>Payment details must match the information registered in our system. This includes:</p> <ul style="list-style-type: none"> • the name of the account as registered with your financial institution • BSB number • account number

Where to send your invoice

Submit your invoice as a PDF to careap@icare.nsw.gov.au. This is a dedicated invoice mailbox. If you are unable to submit your invoice via email please post your invoice to the mailing address above.

Additional documents

To protect worker privacy and avoid inadvertent disclosures of their personal or health information, you must **separate all reports and other materials from tax invoices** and send those separately to care-requests@icare.nsw.gov.au.

icare

GPO Box 4052, Sydney, NSW 2001
General Phone Enquiries: [1300 738 586](tel:1300738586)

Email: care-requests@icare.nsw.gov.au

Web: www.icare.nsw.gov.au

Sample Tax Invoice



Great Services Pty Ltd

Great Services Pty Ltd
Barrangaroo Street
Pyrmont NSW 2009
Phone: 0412 345 678
Email: email@greatservices.com.au

ABN: 12 345 678 999

Invoice to:
Workers Care
GPO Box 4052
Sydney NSW 2001
Email: careap@icare.nsw.gov.au

Services provided to:
John Doe
Claim number: P110030X111

Approval number: RP4561-22

1 Tax Invoice **2** 98765432

3 Date: 2 March 2024

Date	Description	Code	Provider / Number	Unit Price	Quantity	Sub Total exc GST	GST	Total Price
05/02/2024	Initial physiotherapy consultation	PTA001	Donna Bloggs 543212DB	\$129.30	1.5 hrs	\$193.95	-	\$193.95
05/02/2024	Report and Plans	PTA015	Donna Bloggs 543212DB	\$135.00	2 hrs	\$270.00	\$27.00	\$297.00
05/02/2024	Travel	PTA014	Donna Bloggs 543212DB	\$135.00	0.5 hrs	\$67.50	\$6.75	\$74.25
							Subtotal ex-GST	\$531.45
							Total GST	\$33.75
							Amount Due	\$565.20

11 Notes:

12 **Payment details:**
Account name: Great Services Pty Ltd
BSB: 012 345
Acc: 001 234 999

- 1** Title
- 2** Invoice number
- 3** Invoice date
- 4** Business name
- 5** ABN
- 6** CTP Care details
- 7** Client details
- 8** Approval number
- 9** Service details
- 10** Invoice summary
- 11** Notes
- 12** Provider payment details