



HEARING AID PROVIDER SERIAL NUMBER RECORD

Please complete/update this form each time a worker has been provided with and accepted a new hearing aid or when a hearing aid has been returned to the manufacturer. Fax to the following number.

CLAIMS CALL CENTRE
Phone 604 231-8888
Toll-free 1 888 967-5377
M–F, 8:00 a.m. to 4:30 p.m.

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number
Date of injury (yyyy-mm-dd)		Date of birth (yyyy-mm-dd)	

Provider information

Provider name	Payee number	
Mailing address		
City	Province	Postal code
Phone number (include area code)	Fax number (include area code)	

Hearing aid information

Hearing aid model	Serial number	Ear (right or left)	Date received (yyyy-mm-dd)	Date accepted by worker (yyyy-mm-dd)	Date returned (yyyy-mm-dd)
		R <input type="checkbox"/> L <input type="checkbox"/>			
		R <input type="checkbox"/> L <input type="checkbox"/>			
		R <input type="checkbox"/> L <input type="checkbox"/>			
		R <input type="checkbox"/> L <input type="checkbox"/>			
		R <input type="checkbox"/> L <input type="checkbox"/>			
		R <input type="checkbox"/> L <input type="checkbox"/>			
		R <input type="checkbox"/> L <input type="checkbox"/>			
		R <input type="checkbox"/> L <input type="checkbox"/>			

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

