



# PROVIDER PRE-AUTHORIZED TRAVEL AND EXPENSE CONFIRMATION

Please complete this form completely in **INK** and **FAX** to WorkSafeBC at **604 233-9777** or toll-free **1 888 922-8807**.

**CLAIMS CALL CENTRE**

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

<b>Worker information</b>		
Worker last name		WorkSafeBC claim number
First name	Middle initial	

**Provider information**

Type of service or program (e.g. OR1, Psychology Ax, Mental Health Rx, HIATS etc.)	Provider payee number
Provider name	Provider phone number (please include area code)
Provider mailing address	Provider fax number (please include area code)
	Name of clinician in contact with WorkSafeBC officer
Name of WorkSafeBC officer contacted	Date of contact with WorkSafeBC officer

This is to confirm that the WorkSafeBC officer has been contacted and verbal approval was provided for the following expenses:

**Travel time**

Fee code	Purpose of travel (e.g. JSV, in-vivo treatment, case management meeting)	Approximate travel time (hours)

Please note: This does not include travel time included in Job Site Visit or Job Demands Analysis Fees.

**Expenses (as per relevant service contract)**

Fee code	Description of pre-authorized expenses (e.g. unusual travel expenses, equipment, medication)	Cost

**Comments**

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.