



Hearing Aid Program Cover Sheet

Fax to: WorkSafeBC
604.233.9777
Toll-free 1.888.922.8807

You may fax attachments together with a single copy of this form as the cover sheet (include form number "83D110," the WorkSafeBC claim number, and the worker's name on all attachments). For further information regarding the use of this cover sheet, please contact Health Care Services at 604.232.7787 or toll-free at 1.888.967.5377, ext. 7787.

Number of pages
(including this cover sheet)

Date of submission

Date (yyyy-mm-dd)

Worker's information

Last name	First name	Middle initial	Date of birth (yyyy-mm-dd)	WorkSafeBC claim number
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Clinic information

Clinic	Fax number	Payee number
Address		
City	Province	Postal code
Phone number	Practitioner	

Type of report

- ☐ Manufacturer's invoice — please stamp on invoice "COPY ONLY, NOT FOR PROCESSING"
- ☐ Other (including copies of prior audiograms or real ear measurements not associated with a billable service)

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