



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 83D110 (this form) as the cover sheet.

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.

Submission date (yyyy-mm-dd)	Number of pages (including this cover sheet)
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Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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Clinic's information

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

Type of report

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

* Please include form number "83D110," worker's claim number, and worker's name on all attachments.

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