



# Hearing Aid Provider

## Hearing Aid Returns

If an injured worker returns or exchanges a hearing aid during the 60-day trial period, the hearing aid must be sent to the manufacturer **within five business days** of the worker returning the hearing aid to the clinic. Complete this form **each time** an injured worker returns or exchanges a hearing aid.

Submission date (yyyy-mm-dd)
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Submit this form on the **same date** you send the hearing aid to the manufacturer.

### Worker 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 (include area code)	Payee number	
Address	City	Province	Postal code
Phone number (include area code)	Practitioner		

### Hearing aid information

Manufacturer and model	Serial number	Ear (left or right)	Hearing aid fitting date (yyyy-mm-dd)	Date hearing aid returned to clinic (yyyy-mm-dd)	Date hearing aid sent to manufacturer (yyyy-mm-dd)
		<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			

**Claims Call Centre**  
Phone 604.231.8888  
Toll-free 1.888.967.5377  
M-F, 8 a.m. to 6 p.m.

**Fax**  
604.233.9777  
Toll-free 1.888.922.8807

**Mail**  
WorkSafeBC  
PO Box 4700 Stn Terminal  
Vancouver BC V6B 1J1

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's FIPP Office, at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email [FIPP@worksafebc.com](mailto:FIPP@worksafebc.com), or call 604.279.8171.