



## Notification for Prosthetic Maintenance and Repair

Please complete all fields below and send this form to WorkSafeBC, either via My Provider Services or fax with your invoice.

Date of request (yyyy-mm-dd)

## Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Worker's mailing address	City	Province	Postal code
Personal health number (BC Services card/CareCard)	Date of birth (yyyy-mm-dd)	Worker's current occupation (if applicable)	

## Level of amputation

Level of amputation ☐ Left side ☐ Right side

**Notification details** (check all that apply)

- ☐ Minor repair or maintenance (by certified prosthetist) – Fee codes **1100581, 1100589, 1193472**
- ☐ Consumables– Fee code **1100590**
- ☐ Socks – Fee code **1225985**
- ☐ Sleeves – Fee code **1225986**
- ☐ Maintenance/Repairs (by ocularist or anaplastologist) – Fee code **1261572**

**Note:** For all other requests that contain fee code(s) other than or in addition to the above, pre-authorization is required by submitting form 83D19.

Date prosthesis last provided (if applicable) (yyyy-mm-dd)	Date prosthesis last repaired (if applicable) (yyyy-mm-dd)
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Worker's last name	First name	Middle initial	WorkSafeBC claim number
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## Notification details (continued)

Comments and justification (subjective, objective)
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## Provider's information

Name of prosthetist	Prosthetist's signature	Name of clinic
Clinic's mailing address or stamp	Clinic's payee number	
	Clinic's phone number (include area code)	
	Clinic's fax number (include area code)	

**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.