



Notification for Prosthetic Maintenance and Repair



Please complete the fields below and fax to WorkSafeBC.

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	<input type="checkbox"/> Left side <input type="checkbox"/> Right side
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Notification details (check all that apply)

<input type="checkbox"/> Minor repair or maintenance – Fee codes 1100581, 1100589, 1193472	<input type="checkbox"/> Socks – Fee code 1225985
<input type="checkbox"/> Consumables (within contractual limits) – Fee code 1100590	<input type="checkbox"/> Sleeves – Fee code 1225986
<p>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.</p>	
Date device last provided (if applicable) (yyyy-mm-dd)	Date device last repaired (if applicable) (yyyy-mm-dd)

Quantity	Fee code	Description (including manufacturer product codes if applicable)	Unit cost	Total amount
Total				\$



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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)

Provider's information

Name of prosthetist	Prosthetist's signature		
Name of clinic			
Clinic's mailing address/stamp	Clinic 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, or call 604.279.8171.