



Time Sensitive Occupational Therapy Durable Medical Supply Pre-Authorization

Please submit this form via the TELUS Provider Portal, or complete in ink and fax this form to WorkSafeBC using the fax number provided below. All fields with * are required.

Date of request (yyyy-mm-dd)

Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Phone number (include area code)	Date of injury (yyyy-mm-dd)	Date of birth (yyyy-mm-dd)	Personal health number (BC Services Card/CareCard)

Occupational therapist's information

Occupational therapist's (OT's) name	Phone number (include area code)	OT's email address (optional)
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Vendor's information

Vendor's name	Name of representative		
Vendor's address	City	Province	Postal code
Phone number (include area code)	Fax number (include area code)		

Service information:

Time Sensitive Rentals for durable medical equipment will only be authorized to a maximum of 1 month.

New authorization must be obtained from the WorkSafeBC officer for durable equipment rentals beyond this 1-month period.

To the medical equipment vendor:

A Time Sensitive OT referral has been requested by WorkSafeBC, and the OT has been granted pre-authorization to order durable medical supplies on an urgent one-time basis.

Use **TIME SENSITIVE – PURCHASE 1204485** or
TIME SENSITIVE – RENTAL 1204486 fee codes.

Service and/or quotation information – This is not an invoice.

Fee code	Description* (include item/part number)



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Worker's last name	First name	Middle initial	WorkSafeBC claim number
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Comments (i.e., additional details regarding required equipment, installation, and/or delivery details)

Comments

OT's name	OT's signature	Date (yyyy-mm-dd)
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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 freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or email FIPP@worksafebc.com, or call 604.279.8171.