



Request for Pre-Authorization for Orthotic Services

☐ New
 ☐ Replacement
 ☐ Repair

Date of request (yyyy-mm-dd)	Number of pages submitted
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Worker's information

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

Service information

Referring physician/clinician	Area and type of injury		
Current orthosis (if applicable)	Years of current orthosis (if applicable)	Is the worker currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Recommended orthosis			
Justification (subjective, objective, and justification for repair, replacement, or change)			
<input type="checkbox"/> Written medical referral (prescription) has been submitted using Orthotic Services Medical Referral (Form 83D335).			

Quantity	Fee code	Description (including serial number if applicable)	Unit cost	Total amount
Total				\$



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Provider's information

Name of clinician	Clinician registration number	Clinician's signature
Clinician type <input type="checkbox"/> Orthotist <input type="checkbox"/> Pedorthist <input type="checkbox"/> Podiatrist <input type="checkbox"/> Other		
Name of clinic	Clinic payee number	
Clinic's mailing address/stamp	Clinic's phone number (include area code)	
	Clinic's fax number (include area code)	

WorkSafeBC authorization

Name of WorkSafeBC officer (please print)	Signature	Date of authorization (yyyy-mm-dd)
Additional comments		

How to complete and submit your form

Uploading online is the quickest method! Use [Adobe Acrobat Reader](#) (a free app) to complete this form and add your [electronic signature](#), then visit worksafebc.com/claims-uploader to upload the electronic document to the worker's claim file. Alternatively, you can print the form, complete it manually, and upload a photo of it on the webpage above.

Fax: 604.233.9777 (toll-free at 1.888.922.8807) | **Mail:** WorkSafeBC, PO Box 4700 Stn Terminal, Vancouver, BC, V6B 1J1

For further assistance: Claims Call Centre, 604.231.8888 (toll-free at 1.888.967.5377), M–F, 8 a.m. to 6 p.m.

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.