





# Request for Preauthorization for Prosthetic Services

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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## Justification (subjective, objective)

## Provider's information

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

## WorkSafeBC authorization

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

## How to submit your form

**Online is the quickest and easiest method!** Complete this fillable form and add your electronic signature, then visit [worksafebc.com/claims-uploader](https://worksafebc.com/claims-uploader) to submit the electronic document to the worker's claim file.

**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](mailto:FIPP@worksafebc.com), or call 604.279.8171.