



# Request for Preauthorization for Prosthetic Services



- Initial   
  Replacement   
  Additional   
  Major Services/Major Components/Liners

Please complete in ink and fax this form 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)			

## Service information

Level of amputation	<input type="checkbox"/> Left side <input type="checkbox"/> Right side	Weight
Current device description (if applicable) <input type="checkbox"/> Primary <input type="checkbox"/> Additional <input type="checkbox"/> Other (please describe)		
Date device last provided (if applicable) (yyyy-mm-dd)	Date device last repaired (if applicable) (yyyy-mm-dd)	

**Functional level (K-Level\*)**   
 K0   
 K1   
 K2   
 K3   
 K4

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



# Request for Preauthorization for Prosthetic Services

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

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**Provider's information**

Name of prosthetist	Prosthetist's signature
Name of clinic	
Clinic's mailing address/stamp	<b>Clinic 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 comment	

**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 call 604.279.8171.

\*Refer to *Prosthetic Services Reference Manual, Appendix C – K-Levels*