RESET

WorkSafeBC

QR code is for internal use

Request for Pre-Authorization for Prosthetic Services

☐ Initial ☐ Replacement ☐ Additional ☐ Major Services/Components/Liners

Please complete all fields below and submit this form to WorkSafeBC. This form must be completed in Adobe Acrobat. If you don't already have Acrobat on your computer, you can download Adobe Acrobat Reader, a free app. Please note the form's functionality will not work properly if the form is opened in an internet browser such as Microsoft Edge or Google Chrome.

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	☐ Left side ☐ Right side	Weight

Date prosthesis last provided (if applicable) (yyyy-mm-dd)	Date prosthesis last repaired (if applicable) (yyyy-mm-dd)

Activity/use

- ☐ Aid to daily living (ADL)
- ☐ Backup ADL
- ☐ Work prosthesis
- ☐ Backup work prosthesis
- ☐ Shower prosthesis
- ☐ Recreational prosthesis (specify activity)
- ☐ Other (please describe)

For upper extremity only: specify recommended prosthesis type

- ☐ Myoelectric
- ☐ Body powered
- ☐ Other (please describe)

Functional level (K-Level*)

☐ K0 ☐ K1 ☐ K2 ☐ K3 ☐ K4

Qty	Fee code	Description (including manufacturer name)	Manufacturer product code (if applicable)	Unit cost	Total amount

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				Total	

*Refer to *Prosthetic Services Reference Manual* for K-Levels

Justification (subjective, objective)

Provider's information

Name of prosthetist	Prosthetist's signature	Name of clinic

Clinic's mailing address or stamp	**Clinic's payee number**
	Clinic's phone number
	Clinic's fax number

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Worker's last name	First name	Middle initial	WorkSafeBC claim number

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 digital ID, then visit 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, email FIPP@worksafebc.com, or call 604.279.8171.