



# Surgical Facility Pre-Authorized Expense Confirmation

To obtain the approved expense amount for this procedure, please submit this form to Health Care Services at **esfsmail@worksafebc.com** via the designated secure email service.

Once approved, fax the completed pre-authorized expense confirmation form with your invoice to **604.233.9777**, or toll-free at **1.888.922.8807**.

## Worker information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
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## Provider information

Provider's name	Payee number	
Provider's phone number	Fax number	
Mailing address	City	Province

## Service details

Procedure description		
Procedure name		
Estimated duration of surgery (hours)	Date of surgery (yyyy-mm-dd)	Estimated cost of hardware
Description of hardware		

## WorkSafeBC authorization (to be authorized by Health Care Services only)

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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 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.