



Surgical Facility Pre-Authorized Expense Confirmation

To obtain the approved expense amount for this procedure, please submit this form to Health Care Programs at **esfsmail@worksafebc.com** via secure encrypted email service, or submit by fax to **604.231.8424** prior to the procedure date.

Once approved, submit the completed pre-authorized expense confirmation form with your invoice via My Provider Services or fax to **604.233.9777** or toll-free to **1.888.922.8807**.

Type of expense request

| | | |
|---|--|--|
| <input type="checkbox"/> Unlisted procedure | <input type="checkbox"/> Additional procedure time | <input type="checkbox"/> Additional hardware costs |
|---|--|--|

Worker's information

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

Provider's information

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

Service details

| | |
|---|---------------------------------------|
| Procedure description | |
| Date of surgery (yyyy-mm-dd) | Estimated duration of surgery (hours) |
| Estimated total cost of surgery (applicable only for unlisted procedure, excluding hardware cost) | |

Additional procedure time (not applicable for unlisted procedure)

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|---|
| Estimated additional procedure time in excess of 60 minutes (or 4 units of fee code 1149189) of extended procedure time (hours) |
| Provide justification for the extended procedure time |



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Additional hardware costs

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|---|
| Estimated total hardware costs <small>(applicable only if >\$3,400)</small> |
| Description of selected hardware and breakdown of estimated costs |
| Provide clinical justification for the selection of hardware (e.g., worker demographics, clinical effectiveness/outcome and safety, outline risk vs. benefit, non-conventional surgical approach, other available alternatives) |

WorkSafeBC authorization (to be authorized by Health Care Programs 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, or call 604.279.8171.