



To obtain the approved expense amount for this procedure, please **FAX** this form to Visiting Specialists' Clinic (VSC) at **604 214-6799**.

Submit the fully completed form with your invoice to **604 233-9777**, toll-free **1 888 922-8807**.

CLAIMS CALL CENTRE

Phone 604 231-8888
Toll-free 1 888 967-5377
M–F, 8:00 a.m. to 4:30 p.m.

Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number
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Provider information

Provider name	Provider payee number
Provider mailing address	Provider phone number <i>(please include area code)</i>
	Provider fax number <i>(please include area code)</i>

This form confirms that the Visiting Specialists' Clinic Medical Advisor or Program Manager has approved the expenses stated below.

Procedure description		
Procedure name		
Estimated duration of surgery <i>(hours)</i>	Date of service <i>(surgery date; yyyy-mm-dd)</i>	Estimated cost of hardware
Description of hardware		

VSC office use only

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Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

