



Hearing Aid Provider Serial Number Record

Please complete or update this form **each time** a worker is provided with a new hearing aid. If the worker returns or exchanges a hearing aid during the 60 day trial period, the Hearing Aid Return form (83D425) must be submitted along with this form.

Date of Submission

Date (yyyy-mm-dd)

Worker's information

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

Clinic	Fax number	Payee number
Address		
City	Province	Postal code
Phone number	Practitioner	

Hearing aid information

Hearing aid (HA) manufacturer and model	Serial number	Ear (right or left)	Serial number changed due to repair (Y/N)	Hearing aid fitting date (yyyy-mm-dd)	Date worker accepted HA(s) (yyyy-mm-dd)
		<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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.