



Request for Replacement of Lost or Damaged (Beyond Normal Wear and Tear) Hearing Aid(s)

Please complete this form for any lost or damaged (beyond normal wear and tear) hearing aid(s), **regardless of the age of the hearing aid**. This form is also required when **requesting authorization** for the refitting fee or fitting fee for a lost hearing aid (as applicable). Do not proceed with replacing a lost or damaged hearing aid until you have reviewed the injured worker's decision letter or received written approval from WorkSafeBC directly.

The injured worker must write a letter explaining the circumstances that led to the hearing aid(s) being lost or damaged. That letter may be attached to this form when you submit it, or the worker may submit the letter themselves.

Letter from injured worker included? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of submission (yyyy-mm-dd)
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Worker's information

Worker's last name	First name	Middle initial	WorkSafeBC claim number
Address	City	Postal code	Phone number (include area code)

Clinic information

Clinic	Fax number (include area code)	Payee number	
Address	City	Province	Postal code
Phone number (include area code)	Practitioner		

Lost or damaged hearing aid(s) information

Hearing aid manufacturer and model	Serial number	Ear	Fitting date of lost or damaged hearing aid (yyyy-mm-dd)	Hearing aid lost or damaged within lost and damaged warranty period?	Has lost or damaged warranty replacement been used for prior loss or damage?
		<input type="checkbox"/> R <input type="checkbox"/> L		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
		<input type="checkbox"/> R <input type="checkbox"/> L		<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Costs related to lost or damaged hearing aid(s)

Indicate the amount per ear for each relevant fee code. Note that prior authorization is required for fee codes **19626** and **19680**.

Refitting fee for lost hearing aid (fee code 19626) (when lost within 12 months of original fitting)	Fitting fee (fee code 19680) (when lost more than 12 months after original fitting)
<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> R <input type="checkbox"/> L

How to submit your form

Online is the quickest and easiest method! Complete this fillable form, then visit worksafebc.com/claims-uploader to submit the electronic document and any necessary attachments 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, or email FIPP@worksafebc.com, or call 604.279.8171.