

401 Strickland Street, Whitehorse, Yukon, Y1A 5N8, Telephone: (867) 667-5645, Toll free: 1-800-661-0443, Fax: (867) 667-8740, Website: www.wcb.yk.ca

A. Worker Information

Name	Date of Birth
Claim Number	
Address	Postal Code

B. Clinic Information

Billing Date	
Clinic	
Licensed/Certified Service Provider Name	
Mailing Address	
Telephone	Fax

C. Type of Assistive Listening Device

Please check appropriate boxes

FM System <input type="checkbox"/> L <input type="checkbox"/> R	Amplified Telephone <input type="checkbox"/>	Infrared TV System <input type="checkbox"/>
<input type="checkbox"/> Other		
Comments		
_____ <i>Signature of Clinician</i>		_____ <i>Date</i>

D. Cost Sharing

I agree that since the assistive listening device costs more than what WSCB will fund, I will solely be responsible for the additional cost.

Signature of Worker

Date

WSCB amount: \$	Client amount: \$
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WSCB use only

Approved Yes No

Signature of Adjudicator

Date