



# ESTIMATE FORM

**CHAMP**

**CHAMP Adult**

**Adult Amputee**

Centre's Name and Address:

  
  
  

Tel.: \_\_\_\_\_ Ext.: \_\_\_\_\_  
Fax: \_\_\_\_\_

Client's Name and Address:

  
  
  

Tel.: \_\_\_\_\_

**Work related to:** Conventional  Recreational  Preparatory  Definitive   
**Amputation Level (e.g. BK or TT, AE or TH):** Left  \_\_\_\_\_ Right  \_\_\_\_\_ Bilateral  \_\_\_\_\_

**Describe the work to be completed:** Prosthesis  Components  Repairs   
Supplies  Other  (Specify) \_\_\_\_\_

**List all components and procedures along with the cost of each:** (or attach list to this completed form)

Qty	Details	Unit Cost	Provincial	Client	Total Cost of Item

**Components to be reused whenever possible.**

Total Cost of Estimate: \$ \_\_\_\_\_

Provincial Coverage Available (attach documentation): \$ \_\_\_\_\_

Personal Insurance  or Other Funding Source  (attach documentation): \$ \_\_\_\_\_

Client Portion (remaining portion before The War Amps contribution is applied): \$ \_\_\_\_\_

Amount requested from The War Amps: \$ \_\_\_\_\_

Authorized Signature from Centre \_\_\_\_\_ Date \_\_\_\_\_

- Please submit this form to The War Amps and retain a copy for your files.
- A copy of this form, signed by The War Amps, will be returned to you to indicate the amount of War Amps funding approved.  
*Funds are committed for a maximum of six months.*
- Please note – when invoicing The War Amps, prosthetic centres are required to provide a copy of the client's signed invoice payment authorization form, stating the work has been completed to the client's satisfaction.

**The War Amps Use Only:**

The War Amps Approves \$ \_\_\_\_\_

Authorizing Signature \_\_\_\_\_

Date: \_\_\_\_\_