

2827 Riverside Drive Ottawa, Ontario K1V 0C4 Tel.: 1 877 622-2472, 613 731-3821 Fax: 1 855 860-5595, 613 731-3234

info@waramps.ca

## **Prosthetic Estimate**

☐ Champ ☐ CHAMP	P Adult					
Centre name:	Client name:					
Address:	Address:					
Whom to contact for questions:	Tel.:					
Tel.:	Email:					
Email:	_					
	nal (activity:)					
□ New request □ Revised request Reason:						
Amputation level (e.g., BK or TT, AE or TH):	ft 🗆 Right 🗅 Bilateral					
☐ Full fitting ☐ Components ☐ Adjustments/☐ Other (specify)	repairs □ Supplies					
Please record the cost breakdown on page 2 or at	ttach a list to this completed form.					
<ul> <li>A copy of this form, signed by The War Amps, will be returned to you to indicate the amount of</li> </ul>	For The War Amps Use Only					
War Amps funding approved. Please provide us	Amount approved: \$					
<ul> <li>with a copy upon invoicing.</li> <li>Information collected may be processed by a third-party service provider.</li> </ul>	This approval will expire on:					
<ul> <li>Invoice note: Upon invoicing, providers are</li> </ul>	Authorizing signature Date					
required to provide a copy of the client's	Reference #:					
signed Payment and Insurance form, stating	Hererence #.					
the work has been completed to the client's satisfaction, as well as proof of payment from						
the other payors.						

November 2020

List all components and procedures along with the cost of each (or attach a list to this <b>completed</b> form).  If reusing components, please list those as well.							
Qty.	Component/procedure (new/reused)	Unit cost	Provincial portion	Client portion	Total item cost		
	, , , , , , , , , , , , , , , , , , ,						
			_				
	cost of estimate:	\$					
	ovincial coverage: rce (if applicable):						
	\$						
	\$						
The War Amps <b>must</b> be the last payor and requires that all other sources of funding be accessed first. Please ensure your client has accessed all other funding sources available to them (e.g., insurance, government programs, warranty, etc.).							
Additional notes: For The War Amps U							
_	Reference #:						

Please return this form to info@waramps.ca and retain a copy for your records.