



Prosthetic Estimate

Champ CHAMP Adult Adult Amputee

Centre name: _____ Client name: _____

Address: _____ Address: _____

Who to contact for questions: _____ Tel.: _____

Tel.: _____ Email: _____

Email: _____

Work related to: <input type="checkbox"/> Conventional <input type="checkbox"/> Recreational (activity: _____) <input type="checkbox"/> Preparatory <input type="checkbox"/> Definitive
<input type="checkbox"/> New request <input type="checkbox"/> Revised request Reason: _____
Amputation level (e.g., BK or TT, AE or TH): <input type="checkbox"/> Left _____ <input type="checkbox"/> Right _____ <input type="checkbox"/> Bilateral _____
<input type="checkbox"/> Full fitting <input type="checkbox"/> Components <input type="checkbox"/> Adjustments/repairs <input type="checkbox"/> Supplies <input type="checkbox"/> Other (specify) _____

Please record the cost breakdown on page 2 or attach a list to this completed form.

- A copy of this form, signed by The War Amps, will be returned to you to indicate the amount of War Amps funding approved. Please provide us with a copy upon invoicing.
- Information collected may be processed by a third-party service provider.
- **Invoice note: Upon invoicing, providers are required to provide a copy of the client's signed Payment and Insurance form, stating the work has been completed to the client's satisfaction, as well as proof of payment from the other payors.**

For The War Amps Use Only	
Amount approved: \$ _____	
This approval will expire on: _____	
_____	_____
Authorizing signature	Date
Reference #: _____	
_____	_____

Authorized signature from centre

Date

List all components and procedures along with the cost of each (or attach a list to this **completed** form).
If reusing components, please list those as well.

Qty.	Component/procedure (new/reused)	Unit cost	Provincial portion	Client portion	Total item cost

Total cost of estimate: \$

Provincial coverage: \$

Personal insurance or Other funding source (if applicable): \$

Amount requested: \$

The War Amps **must** 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 Use Only
 Reference #: _____

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