

C1051 QUOTE FOR MEDICAL EQUIPMENT OR SERVICES

PO Box 2415
Edmonton AB T5J 2S5
Fax: 780-427-5863
1-800-661-1993

Page _____ of _____

WCB Claim Number
Date of Birth (Year / Month / Day)

Worker	<i>Surname</i>	<i>First Name</i>	<i>Initial</i>	Telephone Number
Address	<i>Street</i>	<i>City/Town</i>	<i>Province</i>	Postal Code
Name and Address of Company				Invoice Contact Name
Date	<i>(Year / Month / Day)</i>		Telephone Number	Fax Number

Please specify the type of equipment/service quoted

Van _____

Wheelchair _____

Bed _____

Lift _____

Other, (specify) _____

The Vendor acknowledges that the WCB is not subject to the Goods and Services Tax (GST) or Harmonized Sales Tax (HST). Exempt #R124072513.

Fax completed C-1051 with your quote attached to 780-427-5863

Customer Records Unit;
Please ensure all documents received with this cover sheet are related to one claim and are processed as one document - do not split.