

Health Care Services Prosthetics & Orthotics

Fee Guide Addition / Deletion Form

Requester Information:

Contact Name: _____

Clinic Name: _____

Telephone #: _____ Date Requested: _____

Addition:

Item: _____

1a. What item on the current fee guide is the proposed item replacing?

1b. If not replacing a current fee guide item, what is the rationale for addition?

2a. Is there another item that is similar on the current fee guide that could be used?

Yes. Which one? _____

No. Why not? _____

3. Manufacturers' Cost: _____ Must be attached on letterhead from manufacturer, photocopy from catalogue, etc.

4. Scientific studies including control trial information Attached

5. Testimonials on the benefits of the specific product. Attached

6. Any information available from the follow-up of workers using the product. Attached

7. Repair/warranty information Attached

8. How long has it been on the market? Attached

9. Estimated longevity: _____

10. Will item be used by more than 1 clinic? Yes No

Deletion:

11. Reason for deletion: _____

12. What item is replacing deleted item? _____

For Advisory Committee use only.

Outcome: _____ Date Reviewed by Committee: _____

Item Accepted? Yes No Pending Further Information

Reason why item was NOT accepted: