



Champ

Estimate Form

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: \$ _____

_____ Date _____

Authorized signature from centre

- 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

Please return your completed form to: **2827 Riverside Drive, Ottawa, ON K1V 0C4**

<p>National Amputee Centre Phone: 613 731-3821 Fax: 613 731-3234 nac@waramps.ca</p>	<p>CHAMP Program Phone: 613 731-3821 Fax: 613 731-4092 champ@waramps.ca</p>
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