

# Guidelines for completing reimbursement forms

If you've previously completed a WorkSafeBC form for reimbursement of healthcare expenses, you'll notice that it's now two separate forms: **Worker Prescription Claim (Form 3)** and **Worker Supply and Services Claim (Form 3A)**.

Some things to note when completing your forms for reimbursement of expenses:

- Complete **Form 3** for reimbursement of prescriptions receipts only.
- Complete **Form 3A** for reimbursement of all other medical supplies and services expenditures.
- Complete all mandatory fields on these forms (indicated by \*).
- **Make a copy of your receipts** and attach them to the completed forms.
- Write your name and claim number on each copy of receipts submitted.

## Important information about receipts

Please do not send original receipts to WorkSafeBC. When submitting your completed forms, attach **copies only**. You'll want to keep the originals for your records in case you need to submit your purchase to another insurer or for auditing purposes.

For more information, please call Payment Services, M-F, 8:30 a.m. to 4:30 p.m.  
Phone: 604.276.3085 | Toll-free: 1.888.422.2228

## Submitting forms

Please **sign** and **date** the forms. Submit completed forms and receipt copies as follows:

### Form 3

#### Submit via fax

604.233.9777

Toll-free: 1.888.922.8807

#### Submit via mail

Payment Services

WorkSafeBC

PO Box 94460 Stn Main

Richmond BC V6X 8V6

### Form 3A

#### Submit via fax

604.233.9777

Toll-free: 1.888.922.8807

#### Submit via mail

Payment Services

WorkSafeBC

PO Box 4700 Stn Terminal

Vancouver BC V6B 1J1





Please use this form to request reimbursement of prescription receipts for expenses related to the accepted injury on your claim. Approved expenses will be paid at the applicable WorkSafeBC rate. Use Worker Medical Supply and Services Claim form (form 3A), to submit receipts for medical supplies and services and/or vocational rehabilitation expenses.

Please submit copies of receipts as we are not able to return your receipts. Write your name and claim number on each copy submitted and keep your original receipts as they may be required for audit purposes.

Please complete every field on this form. We may not be able to reimburse you if information is missing from your form.

Worker's last name	First name	Personal health number (BC Services Card/CareCard)	WorkSafeBC claim number
Mailing address for payment	City	Province/State	Postal code/Zip
Country (if not Canada)	Nature of injury or illness		
Has your address changed in the last six months?	Daytime phone number (include area code)		
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Please list each prescription separately in the table below.

Quantity	Name of medication	Date of purchase (yyyy-mm-dd)	Drug identification number (DIN)	Rx number	Intended use (for example, pain killer, antibiotic, antidepressant, etc.)	Amount paid by worker	Name of physician prescribing medication
e.g. 50	Example: Tylenol 3	2013-04-30	02163926	123456	Pain Killer	\$10.00	Dr. ABC
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							

I certify that I incurred these expenses. I understand that it is considered fraud or misrepresentation to claim the same expenses twice from other institutions. I authorize release of any information or record requested in respect of this claim to WorkSafeBC or its agents and certify that the information given is true, correct, and complete to the best of my knowledge.

Signature \_\_\_\_\_ Date (yyyy-mm-dd) \_\_\_\_\_

I have included copies of receipts  Yes

**WorkSafeBC**  
use only

**Payment Services** Phone 604.276.3085 Toll-free 1.888.422.2228  
**Fax** 604.233.6889 Toll-free 1.888.960.6889  
**Mail** Payment Services, WorkSafeBC PO Box 94460 Stn Main Vancouver BC V6X 8V6

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.