

# 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



# Worker Supply and Services Claim



Please use this form to request reimbursement for approved medical supplies and services, and/or vocational rehabilitation expenses. If you have questions about which expenses are covered under your claim, please contact your WorkSafeBC representative. Approved expenses will be paid at the applicable WorkSafeBC rate; refer to page 2 of this form for further details. If you have receipts for prescription medications, please submit a Worker Prescription Claim form (form 3).

Submit copies of receipts for all expenses, unless otherwise indicated by your vocational rehabilitation consultant. 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		Province/State	Postal code/Zip	Country (if not Canada)
City		Date of injury (yyyy-mm-dd)		
Daytime phone number (include area code)		Date of injury (yyyy-mm-dd)		
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Date of service or purchase (yyyy-mm-dd)	Fee code (refer to page 2)	Type of expense or supply (for example: splint, massage therapy, adaptive aids)	Quantity or units of service (number of units)	Unit price (not including taxes)	PST (if paid)	GST (if paid)	Total amount paid (including taxes)	Name of provider or supplier
e.g. 2011-01-02	1.100533	Over-the-counter drugs (Robaxacet)	1	\$29.99		\$1.50	\$31.49	Bob's Pharmacy
1.							0.00	
2.							0.00	
3.							0.00	
4.							0.00	
5.							0.00	
6.							0.00	
7.							0.00	
8.							0.00	
<b>Total invoice amount</b>							<b>\$ 0.00</b>	

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 records 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.	Worker's signature	Date (yyyy-mm-dd)	I have included copies of receipts <input type="checkbox"/> Yes
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