



**RESET**

**WORKER SUPPLY AND SERVICES CLAIM**

This form is to request reimbursement for approved medical supplies and services, and/or vocational rehabilitation expenses. Items **not approved** will not be reimbursed. Reimbursements are paid only at the applicable WorkSafeBC rate. Refer to page 2 of this form for further details. **Do not** submit original receipts; submit **copies only**. Keep **original receipts**; they may be required for audit purposes. Failure to attach copies of receipts may delay processing your reimbursement. Write claim number on each copy submitted.

**Note: Do not submit prescription receipts with this form; submit prescription receipts with form 3, Worker Prescription Claim.**

**PAYMENT SERVICES:** Phone 604 276-3085 **FAX: 604 233-9777**  
Toll-free 1 888 422-2228 Toll-free 1 888 922-8807

**MAIL:** Payment Services, WorkSafeBC  
PO Box 4700 Stn Terminal  
Vancouver BC V6B 1J1

Requests for reimbursement **MAY NOT BE PAID** if all mandatory information is not provided. **Mandatory fields are indicated by \* below.**

**Service recipient information (worker or other persons who received service or supply)**

Worker last name*		Worker first name*		WorkSafeBC claim number*	
Worker personal health number* (e.g., BC CareCard)		Date of injury* (yyyy-mm-dd)			
Mailing address for payment*		City*		Province/State*	Postal code/Zip*
Has your address changed?*		Phone number* (include area code)			
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Are invoice copies attached?*			
		Yes <input type="checkbox"/> No <input type="checkbox"/>			

	Date of service or purchase* (yyyy-mm-dd)	Fee code* (refer to page 2)	Type of expense or supply (fee description)* (examples: splint, massage therapy, adaptive aids)	Quantity or units of service* (number of units)	Amount* (not including taxes)	PST (if paid)	HST/GST (if paid)	Amount paid* (including taxes)	Name of provider or subscriber of supply/service* (if applicable)
e.g.	2011-01-02	1100529	Massage therapy	1	30.00		3.60	33.60	J. Wilson, RMT
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
<b>Total invoice amount*</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\* \_\_\_\_\_

Signature date\* (yyyy-mm-dd) \_\_\_\_\_



## GUIDELINES FOR COMPLETING REIMBURSEMENT FORMS

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

Some new procedures are now required when completing 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

*Do not send original receipts to WorkSafeBC.* When submitting your completed forms, attach copies only. We are unable to return originals, which you may need to submit to another insurer if WorkSafeBC does not cover those expenses.

Please note: keep a copy of the original receipt on file, as you may be required to present it at a later date for audit purposes.

### Submitting forms

Submit completed forms and receipt copies as follows:

Form number	Submit via FAX	Submit via MAIL
3	604 233-9777 Toll-free: 1 888 922-8807	Payment Services WorkSafeBC PO Box 94460, Stn Main Richmond BC V6X 8V6
3A	604 233-9777 Toll-free: 1 888 922-8807	Payment Services WorkSafeBC PO. Box 4700 Stn Terminal Vancouver BC V6B 1J1

If you require more information, please call Payment Services, M – F, 8:30 am - 4:30 pm:

Tel: 604 276-3085  
Toll-free: 1 888 422-2228