



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

Note: For prescription receipt reimbursement, submit the form 3, Worker Prescription Claim.

PAYMENT SERVICES: Phone 604 276-3085 **FAX: 604 233-9777** **MAIL:** Payment Services, WorkSafeBC
Toll-free 1 888 422-2228 Toll-free 1 888 922-8807 PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Mandatory fields are indicated by * below. Mandatory information must be provided in order for reimbursement to be made.

Worker information

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?*	Are invoice copies attached?*		Phone number* (include area code)		
Yes <input type="checkbox"/> No <input type="checkbox"/>	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.									

Total invoice amount*

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)
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Only the fee codes listed below will be considered for reimbursement.

Medical supply and service fee codes	
1100528	Chiropractic services
1100531	Chiropractic services — out of province
1100333	Custom-made footwear
1118720	Disposable medical supplies
1118464	Durable medical supplies
1100549	Health care providers not listed elsewhere, e.g. acupuncturists, naturopaths, podiatrists, form fees, medical/legal letters, and/or notes fees
1100560	Homemaker services, e.g. housekeeping, babysitting, respite care
1100529	Massage therapy services
1100532	Massage therapy services — out of province
1100242	Optical — contact lenses
1100236	Optical — diagnostic exam
1100243	Optical — eyeglass frames
1100244	Optical — eyeglass lenses
1100533	Over-the-counter drugs (purchased without a prescription), e.g. Robaxacet, Polysporin ointment, Ibuprofen
1100550	Pharmacy supplies, e.g. braces, bandages, crutches, canes, gloves — meditouch, wipes
1100527	Physiotherapy services
1100530	Physiotherapy services — out of province
1100566	Shoes — maximum \$25.00

Vocational rehabilitation (VR) expense fee codes	
1101048	Adaptive aids (under \$10K) — quality of life
1123072	Books and supplies
1101043	Child care
1101036	Computer purchase/lease
1101037	Computer-related expenses
1101033	Exam fee
1101022	Job search resources
1101032	License fee
1101038	Membership fees
1101044	Personal protective equipment
1101049	Portable ramp — quality of life
1101047	Recreational equipment (under \$10K) — quality of life
1101031	Registration fee
1101046	Relocation expenses
1101007	School/training assessment
1101034	Student fee
1101011	Tools/equipment purchase (under \$10K)
1101012	Tools/equipment rental
1101028	Tuition
1101035	Tutor
1101008	VR miscellaneous goods (under \$10K)

Submit **copies** of receipts, not original receipts. Write the worker's first name, last name, and claim number on each copy submitted.

WorkSafeBC does **not** return receipts. **Keep original receipts** as these may be required for audit purposes. Copies of receipts are required for all services and expenses, unless otherwise indicated by your vocational rehabilitation consultant. To obtain information regarding which expenses are covered under your claim, contact your WorkSafeBC representative.

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.