



QR code is for internal use

Worker Prescription Claim

It's faster to submit your request online. Instead of mailing or faxing this form, you can log in to your [online services account](#) to submit your reimbursement request. You can upload photos of your receipts and will be asked to input less information. Learn how to create your account at [worksafebc.com/online-services-faq](#).

And remember: You can use your [Pharmacy Benefits Card](#) to pay for your pre-approved prescription medications.

Use this form to request reimbursement for prescription expenses related to your claim. Please attach **copies** of the official prescription receipts from the pharmacy. **Please complete every field on this form**, or we may not be able to reimburse you. For health care expenses, please submit a [Worker Supply and Services Claim \(Form 3A\)](#) instead. For vocational rehabilitation expenses, use our [Worker Supply and Services Claim — Voc Rehab Expense Reimbursement \(Form 3B\)](#).

Worker's last name		First name		Personal Health Number (BC Services Card/CareCard)		WorkSafeBC Claim number	
Mailing address for payment			City		Province or state	Postal or ZIP code	Country (if not Canada)
Has your address changed in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone number		Nature of injury or illness			

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	Name of physician prescribing medication
e.g.	50	Example: Omeprazole 20 mg	2021-04-30	02348691	123456	Heartburn	\$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 from more than one source. I authorize the 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.

Worker's signature (must be signed)	Date (yyyy-mm-dd)	I have included copies of receipts <input type="checkbox"/> Yes
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**WorkSafeBC
use only**

Pharmacy Benefits team
Phone 604.276.3085, ext. 1655
Toll-free 1.888.422.2228, ext. 1655

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 FIPP Office at PO Box 2310 Stn Terminal, Vancouver, BC, V6B 3W5, email FIPP@worksafebc.com, or call 604.279.8171.