



## **Worker Supply and Services Claim**

QR code is for internal use

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. You can also sign up for direct deposit to have your reimbursement and future payments deposited directly into your bank account. To learn how to create your online services account, go to worksafebc.com/online-services-faq.

Use this form to request reimbursement for medical supplies and services related to your claim, such as health care treatments, over-the-counter medications, medical supplies, and travel for medical appointments that you've paid for. We'll reimburse you at our set rates for certain approved expenses (maximums listed on page 2). Please attach **copies** of your receipts and write your full name and Claim number on each one. Keep your original receipts as they may be required for audit purposes. **Please complete every field on this form.** Otherwise, we may not be able to reimburse you. If you have receipts for prescription medications, please submit a <u>Worker Prescription Claim (Form 3)</u> instead.

Worker's last name First name						al Health N vices Card/C			Work	SafeBC claim number			
Mailing address for payment City				City	Pro			Province or state Postal		P code Coun	try (if not Canada)		
Has your address changed in the last six months?  Phone number of the last six months?				mber					Date	of injury (yyyy-mm-dd)			
	Date of service or purchase (yyyy-mm-dd)	Fee code (refer to page 2)	(for example:	of expense or supposee description) over-the-counter drugs vices, acupuncture)		Quantity or units of service (#of units)	Unit price (not includin taxes)		GST (if paid)	Total amount pa (including taxes)	id Nam	e of provider or supplier	
e.g.	2017-01-02	1287936	Over-the-count	counter drugs		1	1 \$29.99 \$1.50		\$1.50	\$31.	49 Bob's Pha	Bob's Pharmacy	
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
							То	tal 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 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  Yes				

3A (R25/09) Page 1 of 2





# **Worker Supply and Services Claim**

QR code is for internal use

Worker's last name	First name	WorkSafeBC claim number

### **Payment Services**

Phone 604.276.3085 Toll-free 1.888.422.2228

#### Fax 604.233.9777 Toll-free 1.888.922.8807

#### Mail

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

Please **include the appropriate fee code from the list below** when requesting reimbursement. To understand what expenses are covered under your claim, please contact the WorkSafeBC staff member managing your claim or our Claims Call Centre at 604.231.8888 (toll-free at 1.888.967.5377). For travel-related expenses, please call our Travel team at 604.276.5155 (or toll-free at 1.877.646.5115).

Medical supply and service fee codes					
1158144	Acupuncture — maximum \$72.00/visit				
1100528	Chiropractic services — maximum \$59.00/visit				
1100333	Custom-made footwear				
1112321	Dental services				
1118720	Disposable medical supplies — e.g., bandages, gloves, wipes				
1118464	Durable medical supplies (purchased or rentals) $-$ e.g., braces, canes, crutches				
1100549	Health care providers not listed elsewhere				
1177600	Hospital TV for overnight stays				
1177601	Hospital telephone for overnight stays				
1100529	Massage therapy services — maximum \$72.00/visit				
1122048	Medical imaging — e.g., x-ray, MRI, CT scan				
1204736	Naturopath services — maximum \$135.00/visit				
1100242	Optical — contact lenses				
1185792	Optical — diagnostic exam				
1287937	Optical — eyeglass frames				
1287938	Optical — eyeglass lenses				
1287936	Over-the-counter drugs (purchased without a prescription) — e.g., Robaxacet, Polysporin ointment, Advil (ibuprofen)				
1100527	Physiotherapy services — maximum \$86.20/visit				
1100566	Shoes				
1219841	Podiatry				

Worker travel fee codes (for health care appointments)			
1100542	Travel — Parking		
1100539	Travel — Taxi		
1100543	Travel — Tolls		

Out-of-province fee codes		
1100531	Chiropractic services — out of province	
1291778	Disposable medical supplies — out of province	
1291776	Durable medical supplies purchase — out of province	
1291777	Durable medical supplies rental — out of province	
1291779	Home care services — out of province	
1100532	Massage therapy services — out of province	
1100530	Physiotherapy services — out of province	

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.

3A (R25/09) Page 2 of 2