



Please use this form to request reimbursement of prescription receipts for expenses related to the accepted injury on your claim. Approved expenses will be paid at the applicable WorkSafeBC rate. Use a Worker Medical Supply and Services Claim form (form 3A) to submit receipts for medical supplies and services and/or vocational rehabilitation expenses.

Please submit copies of receipts as we are not able to return your receipts. 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.

Sign up for direct deposit

If you would like us to deposit your reimbursement and all other future payments into your bank account, please sign up for direct deposit. Simply go to worksafebc.com, select Log in / Create an account from the home page, and follow the instructions on the screen. You'll need your Customer Care number, which you'll find at the top of most letters we send, and your Personal Access number, which we mailed to you when your claim was initiated.

Worker's last name		First name		Personal health number (BC Services Card/CareCard)		WorkSafeBC claim number	
Mailing address for payment			City		Province/State	Postal code/Zip	Country (if not Canada)
Has your address changed in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Daytime phone number (include area code)		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 by worker	Name of physician prescribing medication
e.g. 50	Example: Tylenol 3	2016-04-30	02163926	123456	Pain killer	\$10.00	Dr. ABC
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							



Worker Prescription Claim



Worker's last name	First name	WorkSafeBC claim number
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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.

Signature	Date (yyyy-mm-dd)	I have included copies of receipts <input type="checkbox"/> Yes
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**WorkSafeBC
use only**

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Payment Services

Phone 604.276.3085
Toll-free 1.888.422.2228

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, or email FIPP@worksafebc.com, or call 604.279.8171.