



Worker Supply and Services Claim



Please use this form to request reimbursement for approved medical supplies and services. If you have questions about which expenses are covered under your claim, please contact your WorkSafeBC representative. Approved expenses will be paid at the applicable WorkSafeBC rate; refer to page 2 of this form for further details.

- If you have receipts for prescription medications, please submit a **Worker Prescription Claim form (form 3)**.
- Submit **copies** of receipts for all expenses. Keep your original receipts as they may be required for audit purposes.
- Write your name and claim number on each copy submitted.

Please complete every field on this form. We may not be able to reimburse you if information is missing from your form.

| | | | | | | | |
|--|--|------------|--|--|-----------------|-----------------------------|--|
| 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) | | | Date of injury (yyyy-mm-dd) | |

| | Date of service or purchase (yyyy-mm-dd) | Fee code (refer to page 2) | Type of expense or supply (fee description) (for example: splint, massage therapy, adaptive aids) | Quantity or units of service (number of units) | Unit price (not including taxes) | PST (if paid) | GST (if paid) | Total amount paid (including taxes) | Name of provider or supplier |
|------|---|-------------------------------|---|---|-------------------------------------|------------------|------------------|--|------------------------------|
| e.g. | 2017-01-02 | 1100533 | Advil | 1 | \$29.99 | | \$1.50 | \$31.49 | Bob's Pharmacy |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |
| 7. | | | | | | | | | |
| 8. | | | | | | | | | |

Total invoice amount

| | | | |
|---|-------------------------------------|-------------------|--|
| I certify that I incurred these expenses and that the information given is true, correct, and complete to the best of my knowledge. I understand that it is considered fraud or misrepresentation to claim the same expenses twice from other institutions. And I authorize WorkSafeBC or its agents to release any information or records requested in relation to this claim. | Worker's signature (must be signed) | Date (yyyy-mm-dd) | I have included copies of receipts <input type="checkbox"/> Yes |
| | | | |

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



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Most service providers bill us directly for services related to your claim. If this is not possible, please include the appropriate fee code from the list below when requesting reimbursement.

| Medical supply and service fee codes | |
|--------------------------------------|--|
| 1158144 | Acupuncture — maximum \$32.75/visit |
| 1100528 | Chiropractic services — maximum \$30.75/visit |
| 1100531 | Chiropractic services — out of province |
| 1100333 | Custom-made footwear |
| 1112321 | Dental services |
| 1118720 | Disposable medical supplies, e.g., bandages, gloves — meditouch, wipes |
| 1118464 | Durable medical supplies, e.g., braces, canes, crutches |
| 1100549 | Health care providers not listed elsewhere, e.g., podiatrists, form fees, medical/legal letters |
| 1177600 | Hospital TV for overnight stays |
| 1177601 | Hospital telephone for overnight stays |
| 1100529 | Massage therapy services – maximum \$43.00/visit |
| 1100532 | Massage therapy services – out of province |
| 1122048 | Medical imaging, e.g., xray, MRI, CT scan |
| 1204736 | Naturopath services – maximum \$31.00/visit |
| 1100242 | Optical – contact lenses |
| 1185792 | 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, Advil (Ibuprofen) |
| 1100527 | Physiotherapy services — maximum \$42.00/visit |
| 1100530 | Physiotherapy services — out of province |
| 1100566 | Shoes |

| Worker Travel fee codes (for health care appointments) | |
|--|------------------|
| 1100535 | Travel - Mileage |
| 1100542 | Travel – Parking |
| 1100539 | Travel - Taxi |
| 1100540 | Travel – Ferry |
| 1100543 | Travel – Tolls |
| 1100541 | Travel – Bus |

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 freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171.