



QR code is for internal use

# 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 \(Form 3\)](#).
- 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.**

### 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](http://worksafebc.com), select [Log in to online services](#) from the homepage, 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 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			Daytime phone number			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: exam fee, personal protective equipment, tuition)	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
<b>e.g.</b>									
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. 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
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# Worker Supply and Services Claim

Worker's last name	First name	WorkSafeBC claim number
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**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

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 \$72.00/visit
1100528	Chiropractic services — maximum \$59.00/visit
1100531	Chiropractic services — out of province
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
1100532	Massage therapy services — out of province
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
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 \$86.20/visit
1100530	Physiotherapy services — out of province
1100566	Shoes
1219841	Podiatry

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

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](mailto:FIPP@worksafebc.com), or call 604.279.8171.