Durable Medical Equipment & Services Reference Guide

Quoting, Approvals, and Invoicing Procedure for WorkSafeBC Providers

WorkSafeBC

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Durable Medical Equipment and Services Quote form (83D608)

Where to find form 83D608

Form 83D608 is available on our website in both Microsoft Word (.docx) and Adobe PDF formats.

When to submit form 83D608

All requests for Durable Medical Equipment and Services - which includes all durable goods and mobility devices, and associated services like installation, delivery, repairs, and customization - require pre-approval from a WorkSafeBC officer. Contractors must submit form 83D608 to WorkSafeBC for every quote, except in the specific scenarios outlined below.

Important: It is your responsibility as the Durable Medical Equipment and Services contractor, not the requestor's, to submit the 83D608 quote form to WorkSafeBC for approval.

Quotes submitted in any other format other than the 83D608 will not be accepted.

Exceptions

Occupational Therapists (OT) and Chronic Wound Care Providers are pre-approved by WorkSafeBC to order some equipment directly from you.

You do not need to submit form 83D608 for approval if the request is for:

- Time Sensitive equipment purchases or rentals from an OT, up to $1,000 maximum; and/or
- Equipment purchases from a Chronic Wound Care Provider, up to $500 maximum.

In these cases, the clinician will submit their own form to WorkSafeBC (forms 83D357 and 83D513, respectively) outlining the equipment that has been ordered. You should receive a copy of this form from the clinician for your records.

The related fee codes are as follows:

- OT Pre-Authorized Time Sensitive Equipment purchases (fee code 1204485) or rentals (fee code 1204486); and
- Chronic Wound Care Pre-Authorized Equipment purchases (fee code 1274880).

Reference Guide Links

You'll find links throughout this reference guide; press **Alt + left arrow** to return to your previous place in the document

Clinician Type	Request Type	Maximum Amount	Form Submitted by Clinician	Related Fee Codes
Occupational Therapist (OT)	Equipment purchase or rental (time sensitive only)	Up to $1,000	83D357	1204485 (purchase) or 1204486 (rental)
Chronic Wound Care Provider	Equipment purchase only	Up to $500	83D513	1274880

How to complete form 83D608

83D608 – General guidelines

All fields marked with an asterisk (*) are mandatory and must be completed.

Fields without an asterisk still provide valuable information for WorkSafeBC and should be filled out to the best of your ability.

The form contains helpful prompts in parenthesis to guide you on what information is required. This reference guide offers additional details and specific examples to support accurate form completion.

While the form may appear lengthy, particularly in the PDF version, aside from the mandatory injured worker, requestor, and provider information on page 1, only the relevant section(s) need to be completed based on the type of request.

The form is divided into four main sections that align with the Durable Medical Equipment and Services Fee Schedule, as follows:

- Purchases (new equipment and/or parts)
- Rentals
- Repairs (repairs and/or modifications of previously purchased equipment)
- Service information: other charges (delivery/shipping, labour for installation/custom items, etc.)

Be sure to include the correct fee code(s) in your quote from the most up to date version of the Durable Medical Equipment and Services Fee Schedule, and that your quote complies with the business rules outlined within and the terms of the Master Standing Agreement (MSA).

Note: WorkSafeBC officers are not subject matter experts on the MSA. Contractors are responsible for ensuring all quotes comply with MSA terms. In case of any discrepancy, MSA terms take precedence. Even if a quote has been approved by a WorkSafeBC officer, all invoices are subject to verification, including post-payment, and may be adjusted if non-compliant or inaccurate.

The form is designed to assist with calculations (i.e., line item amount, discounted line item amount, line item total, as well as the section totals and quotation total), simply enter the applicable values and press the 'Tab' button on your keyboard to auto calculate these fields.

83D608 - Page 1

Here are key points to help you accurately complete the first page of the quote form:

- Ensure the boxes at the top of the form on page 1 are completed:
  - Insert the date of the quote (yyyy-mm-dd).
    - This is the date you completed the quote form, which should match, or be very close to, the date the form is submitted to WorkSafeBC.
  - Enter the quote number.
    - This is the unique quote number generated by your company.
  - Indicate if this is an 'Initial' or 'Revised' quote.
    - If this is your first time submitting a quote for the equipment and/or services listed, select the 'Initial' box.
    - If you have previously submitted a quote form that included some or all the same equipment and/or services, and this new quote is intended to replace the earlier submission, select the 'Revised' box.
- Worker's information:
  - Complete all mandatory fields marked with an asterisk (*).
    - The worker's claim number is always 8 numerical digits.
    - The service delivery address need only be completed if it differs from the worker's home address.
  - The worker's date of birth is required for submission via the document uploader. Ensure this is collected from the requestor and include it here for easy reference.
- Requestor's information:
  - Fill in all available details to the best of your knowledge, including the person's first and last name and who they are (OT, WorkSafeBC officer, worker, etc.).
- Durable medical equipment provider's information:
  - Enter your company's business information.
    - The name of the representative should be the person completing the form or the best contact person regarding the quote.

    Tip: save a copy of the quote form with your business information pre-filled to streamline future submissions.

Example of a completed ‘page 1’:

WORK SAFE BC

Durable Medical Equipment and Services Quote

QR code is for internal use

√ Initial quote ☐ Revised quote

Date of quote* (yyyy-mm-dd)	Quote number*
2025-10-01	112233

Please note: All fields with an asterisk (*) are required to be completed.

Worker’s information

Last name*		First name*	
Sparrow		Jack	
Address*		Service delivery address (if different than worker’s address)	
1111 Pirate Drive, Coquitlam, BC			
WorkSafeBC claim number*	Date of birth (yyyy-mm-dd)	Phone number	
12345678	1975-10-08	604-111-2222	

Requestor’s information

Name* (name of person requesting equipment/services)	Designation/role (OT, WorkSafeBC officer, worker, etc.)	Date of request (yyyy-mm-dd)	Contact number and/or email
Jane Doe	OT	2025-09-30	604-222-1111

Durable medical equipment provider’s information

Business name*		Payee number*		
XYZ Medical Supplies		54321		
Business location address*		City	Province	Postal code*
2222 Example Street		Coquitlam	BC	V3J 1A1
Phone number*	Fax number*	Name of representative*		
604-222-3333	604-333-4444	John Smith		

83D608 - Purchases

Complete this section only if your quote does include the purchase of new equipment and/or parts. If your quote does not include purchases, you may leave this section blank.

Here are key points to help you accurately complete the ‘Purchases’ section of the quote form:

- Tick the box indicating whether your quote is accompanied by a supporting document. In most cases, this will be ‘No’.
  - See the ‘When to submit a supporting document’ section for more information on when supporting documents are appropriate.
- Complete all mandatory columns marked with an asterisk (*).

Screenshots and Visual examples

Please note that all examples (including blue text to indicate completed fields) contain fictitious information and are for illustration only.

- Fee Code: Enter the applicable fee code from the 'Purchases' section of the Durable Medical Equipment and Services Fee Schedule.
- Description: Provide item details, such as model number/part number and serial number.
- Is this a custom item: Check 'Yes' if the item is custom. This supports any associated labour charges that may be listed in the 'Service information' section, if applicable.
- Number of items and Cost per unit: Enter the number of items (units) and the cost per unit, press 'Tab', and the form will calculate the line item amount for you.
- Discount: Enter the corresponding discount number, as applicable.
    - For example, if the discount is 2%, enter '2', press 'Tab', and the form will calculate the discounted line item amount for you.
- Enter the value for GST and/or PST, if applicable.
    - For example, if the tax is 5%, enter '5', press 'Tab', and the form will calculate the line item total for you.
- Confirm that the line item total is correct.

Example of a completed 'Purchases' section:

Durable medical equipment information: **Purchases (new equipment and/or parts)**

*Leave this section blank if your quote does not include any purchases of equipment and/or parts

Note: If an item contains multiple components, you may quote the total amount on one line in this quote (or a few lines with the major components/add-ons) and submit this form along with a supporting document (e.g., a copy of your own quote form) showing the full cost breakdown.

If submitting through the claims uploader, be sure to select form number "83D608" for this quote form and form number "83D653" for your supporting documents.

Supporting document included with this quote? ☐ Yes ☑ No

Fee code*	Description* (include item details, such as model number/part number and serial number)	Is this a custom item?* (indicate if yes)	Number of items* (number of units)	Cost per unit*	Line item amount* (not including taxes)	Discount %	Discounted line item amount (not including taxes)	GST % (if charged)	PST % (if charged)	Line item total (including taxes)
1289729	Healthcraft Superpole SPB-S with Horizontal Bar Floor to Ceiling Pole (300 lb capacity)	☐ Yes	1	$400.00	$400.00	2.00%	$392.00	5.00%	7.00%	$439.04
1289728	PCP 7019 3" Universal Raised Toilet Seat	☐ Yes	1	$200.00	$200.00	2.00%	$196.00	5.00%	7.00%	$219.52
1289730	Custom seating (Ride Custom AccuSoft Cushion E2609; 18x16) for previously purchased Manual Wheelchair (Breezy EC Series Standard Wheelchair; EC 4000; serial number 7777888; delivered on May 23, 2025); including standard accessories and mounting hardware.	☑ Yes	1	$2,900.00	$2,900.00	2.00%	$2,842.00	5.00%	7.00%	$3,183.04
		☐ Yes			0.00		0.00			0.00
		☐ Yes			0.00		0.00			0.00
									Purchased equipment quote total*	$ 3,841.60

83D608 - Supporting Documents (83D653)

What is a supporting document?

In this case, a supporting document refers to a copy of your company's quote.

When to submit a supporting document

For standard medical equipment, the items and item details should be entered directly into form 83D608 (as illustrated in the examples provided in the '83D608 – Purchases' section); therefore, in most cases, a supporting document is not required and should not be submitted, as it creates unnecessary duplication in the file.

For complex or custom items that have multiple components falling under the same fee code, such as mobility device add-ons/customizations for a power wheelchair, or multiple ADL devices, to reduce the administrative burden of manually entering each component into the 83D608, you may:

- Enter a high-level description of the item(s) in the 83D608 for each fee code - see the examples within the 'How to complete 83D608 when there is a supporting document' section; and,
- Submit an accompanying supporting document (your company's quote) to show the details - see the examples within the 'How to complete 83D608 when there is a supporting document' section.

A supporting document should only be submitted where there are more than three lengthy items under the same fee code, and only in relation to purchases and repairs (parts only; any associated labour for a repair must be on its own line). Do not include supporting documents for rentals or other charges - any required details for these items must be entered directly into the 83D608 form.

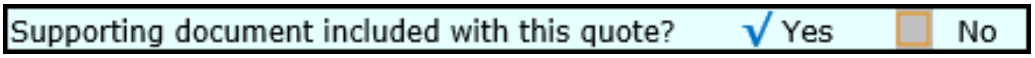
Supporting documents are optional. If you prefer, you may enter all components and their details directly into the 83D608 form.

How to complete 83D608 when a supporting document is included

In the Purchases or Repairs section of the 83D608 form, provide a brief description of the multi-faceted item. Enter the number of items/units as '1', with the total cost, which should include all associated components under the applicable fee code.

Note: Different fee codes require a different line within the 83D608, so the total cost should be the total amount for all the items under each fee code - see the examples below.

Check 'Yes' when prompted with the question 'Supporting document included with this quote?'.



Submit your company's quote alongside the 83D608 showing the full cost breakdown of the multi-faceted item for the WorkSafeBC officer's review.

Please note: For submission instructions, refer to the 'How to Submit Form 83D608 and supporting documents' section.

Example #1.1 - 83D608: Here is an example of a completed 'Purchases' section of the 83D608 form, where a supporting document is included for a power wheelchair with add-ons/customizations:

Durable medical equipment information: Purchases (new equipment and/or parts)

*Leave this section blank if your quote does not include any purchases of equipment and/or parts

Note: If an item contains multiple components, you may quote the total amount on one line in this quote (or a few lines with the major components/add-ons) and submit this form along with a supporting document (e.g., a copy of your own quote form) showing the full cost breakdown.

If submitting through the claims uploader, be sure to select form number "83D608" for this quote form and form number "83D653" for your supporting documents.

Supporting document included with this quote? √ Yes ☐ No

Fee code*	Description* (include item details, such as model number/part number and serial number)	Is this a custom item?* (indicate if yes)	Number of items* (number of units)	Cost per unit*	Line item amount* (not including taxes)	Discount %	Discounted line item amount (not including taxes)	GST % (if charged)	PST % (if charged)	Line item total (including taxes)
1100413	Permobil M5 Corpus Power Wheelchair; base chair including standard parts; serial #1234567890	☐ Yes	1	$10,200.00	$10,200.00	3.00%	$9,894.00			$9,894.00
1289730	Permobil M5 Corpus Power Wheelchair add-ons/ customizations (see supporting document).	√ Yes	1	$31,690.00	$31,690.00	3.00%	$30,739.30			$30,739.30
		☐ Yes			0.00		0.00			0.00
		☐ Yes			0.00		0.00			0.00
		☐ Yes			0.00		0.00			0.00
								Purchased equipment quote total*		$40,633.30

Example #1.2 - Supporting document: Here is an example demonstrating what a supporting document may look like when submitted along with the 83D608 referenced in this example:

XYZ Medical Supplies **Quote** Date: September 1, 2025

2222 Example Street

Coquitlam, BC, V3J 1A1

Ph: 604-222-3333; Fax: 604-333-4444

Quote Number: 87654

Payee Number: 54321

Customer Information:

[redacted]

[redacted]

[redacted]

Fee Code	Description	Number of Units	Cost per Unit	Unit subtotal	Discount	Discounted Total
1100413	PERMOBIL M5 CORPUS POWER WHEELCHAIR - BASE	1	$10,200.00	$10,200.00	3%	$9,894.00
1289730	ACTIVE HEIGHT POWER ADJ. SEAT HEIGHT - 14" TRAVEL	1	$3,800	$3,800	3%	$3,686.00
1289730	ENHANCED STEERING PERFORM UNIT (ESP), R-NET	1	$1,300.00	$1,300.00	3%	$1,261.00
1289730	COLOR JOYSTICK MODULE, (CJSM)	1	$1,500.00	$1,500.00	3%	$1,455.00
1289730	SLIMLINE RETRACTABLE JOYSTICK MOUNT - RIGHT	1	$500.00	$500.00	3%	$485.00
1289730	MULTIPLE SEAT FUNCTION CONTROL KIT FOR R-NET	1	$3,100.00	$3,100.00	3%	$3,007.00
1289730	4"X18" CORPUS HD ARM W/ PERMOBIL GEL PAD – LEFT AND RIGHT	2	$200.00	$400.00	3%	$388.00
1289730	CORPUS ERGO BACK - 18"W X 23" - 28"T	1	$1,200.00	$1,200.00	3%	$1,164.00
1289730	CORPUS SEAT W/ 50° POWER TILT & 180° POWER RECLINE	1	$15,300.00	$15,300.00	3%	$14,841.00
1289730	CORPUS POWER ELEVATING LEGREST 170°	1	$4,000.00	$4,000.00	3%	$3,880.00
1289730	W/C HEADREST 10 PLUSH W/LINX	1	$290.00	$290.00	3%	$281.30
1289730	CUSTOM UNDER ARM SWITCH MOUNT	2	$150.00	$300.00	3%	$291.00
					Sub-total:	$40,633.30
					PST:	$0.00
					GST:	$0.00
					Total:	$40,633.30

Example #2.1 - 83D608: Here is an example of a completed 'Purchases' section of the 83D608 where a supporting document is included for multiple ADL devices – installation not required:

Durable medical equipment information: **Purchases (new equipment and/or parts)**

*Leave this section blank if your quote does not include any purchases of equipment and/or parts

Note: If an item contains multiple components, you may quote the total amount on one line in this quote (or a few lines with the major components/add-ons) and submit this form along with a supporting document (e.g., a copy of your own quote form) showing the full cost breakdown.

If submitting through the claims uploader, be sure to select form number "83D608" for this quote form and form number "83D653" for your supporting documents.

Supporting document included with this quote? √ Yes ☐ No

Fee code*	Description* (include item details, such as model number/part number and serial number)	Is this a custom item?* (indicate if yes)	Number of items* (number of units)	Cost per unit*	Line item amount* (not including taxes)	Discount %	Discounted line item amount (not including taxes)	GST % (if charged)	PST % (if charged)	Line item total (including taxes)
1289728	ADL Devices – installation not required; 7 items (see supporting document).	☐ Yes	1	$438.00	$438.00	2.00%	$429.24	$21.46	$30.05	$480.75
		☐ Yes			0.00		0.00			0.00
		☐ Yes			0.00		0.00			0.00
								Purchased equipment quote total*		$480.75

Example #2.2 - Supporting document: Here is an example demonstrating what a supporting document might look like when submitted along with the 83D608 referenced in this example:

XYZ Medical Supplies **Quote** Date: October 1, 2025

2222 Example Street

Coquitlam, BC, V3J 1A1

Ph: 604-222-3333; Fax: 604-333-4444

Quote Number: 98765

Payee Number: 54321

Customer Information:

[redacted]

[redacted]

[redacted]

Fee Code	Description	Number of Units	Cost per Unit	Unit subtotal	Discount	Discounted Total
1289728	PCP 7019 3" Universal Raised Toilet Seat	1	$200.00	$200.00	2%	$196.00
1289728	Parsons Long handled Bath Scrub Brush	1	$22.00	$22.00	2%	$21.56
1289728	Aquasense Bath Mat (80 x 40 cm)	1	$34.00	$34.00	2%	$33.32
1289728	Aquasense Adjustable Bath Chair	1	$110.00	$110.00	2%	$107.80
1289728	Parsons Long Metal Shoe horn (24")	1	$19.00	$19.00	2%	$18.62
1289728	Parsons E-Z Reacher (20")	1	$34.00	$34.00	2%	$33.32
1289728	Parsons Standard Sock aid	1	$19.00	$19.00	2%	$18.62
					Sub-total:	$429.24
					PST:	$30.05
					GST:	$21.46
					Total:	$480.75

What if some optional components are not approved?

If any optional components or parts are not approved by the WorkSafeBC officer, you must:

- submit a revised version of form 83D608 reflecting the updated total price of the item; and,
- provide a revised supporting document showing the updated components.

Be sure to check the 'Revised' box at the top of page 1 of the 83D608:

☐ Initial quote ☑ Revised quote

The WorkSafeBC officer will then review and provide final approval of the revised quote.

83D608 - Rentals

Leave this section blank if your quote does not include any rental items.

Here are key points to help you accurately complete the 'Rentals' section of the quote form:

- Complete all mandatory columns marked with an asterisk (*).
  - Fee Code: Enter the applicable fee code from the 'Rentals' section of the Durable Medical Equipment and Services Fee Schedule.
  - Description: Include item details, such as model number/part number and serial number. Also specify the expected rental duration.
  - Purchase price of the item: Enter the current purchase cost of the item (as of the date of the quote) less any discounts. This field is required to ensure accumulated rental costs do not exceed the purchase price, and also offers transparency for WorkSafeBC officers to compare rental versus purchase options when making funding decisions.
  - Number of units: For daily rentals, enter the number of days. For monthly rentals, enter '1'.
  - Cost per unit: Enter the daily or monthly cost, press 'Tab', and the form will calculate the line item amount for you.
  - Discount: Enter the corresponding discount number, as applicable.
    - For example, if the discount is 2%, enter '2', press 'Tab', and the form will calculate the discounted line item amount for you.
  - Enter the corresponding number for GST and/or PST, if applicable.
    - For example, if the tax is 5%, enter '5', press 'Tab', and the form will calculate the line item total for you.
  - Confirm that the line item total is correct.

Example of a completed 'Rentals' section:

Durable medical equipment information: Rentals

*Leave this section blank if your quote does not include any rentals

Fee code*	Description* (include item details, such as model number/part number and serial number, as well as the expected duration of the rental)	Purchase price of item* (cost/value on date of quote)	Number of units* (number of days or 1 unit for a monthly rental)	Cost per unit*	Line item amount* (not including taxes)	Discount %	Discounted line item amount (not including taxes)	GST % (if charged)	PST % (if charged)	Line item total (including taxes)
1100426	Monthly Walker rental: Sunrise Medical Gemino 60 Four Wheeled Walker with Arm Troughs; serial number 444555; expected duration of rental: 1 month.	$250.00	1	$100.00	$100.00	2.00%	$98.00	5.00%	7.00%	$109.76
1102015	Monthly Manual Wheelchair rental: Breezy EC Series Standard Wheelchair; EC 4000; serial number 7777888; expected duration of rental: 3 months.	$1,375.00	1	$150.00	$150.00	2.00%	$147.00	5.00%	7.00%	$164.64
					0.00		0.00			0.00
					0.00		0.00			0.00
									Monthly rental equipment quote total*	$ 274.40

83D608 - Repairs

Leave this section blank if your quote does not include any repairs and/or modifications of previously purchased equipment.

Here are key points to help you accurately complete the 'Repairs' section of the quote form:

- Complete all mandatory columns marked with an asterisk (*).
  - Fee Code: Enter the applicable fee code from the 'Repairs' section of the Durable Medical Equipment and Services Fee Schedule.
  - Description: Provide details for the item being repaired or modified, including model number/part number and serial number. List the cost of parts and any associated labour charges on separate lines with their respective fee code. If there are additional other charges, such as if the repair meets the terms of an expedited service request, such charges shall be entered in the 'Service information: other charges' section of the quote form.
  - Warranty Status: Indicate whether the item is under warranty (Yes/No).
  - Delivery date of item: Enter the date the equipment was delivered to the injured worker. This date marks the start of the warranty period and is used to validate whether the item is indeed outside of the coverage and/or warranty period.
  - Number of items and Cost per unit: Enter the number of items (units) and the cost per unit, press 'Tab', and the form will calculate the line item amount for you.
  - Discount: Enter the corresponding discount number, as applicable.
    - For example, if the discount is 2%, enter '2', press 'Tab', and the form will calculate the discounted line item amount for you.
  - Enter the corresponding number for GST and/or PST, if applicable.
    - For example, if the tax is 5%, enter '5', press 'Tab', and the form will calculate the line

item total for you.

- Confirm that the line item total is correct.

Example of a completed 'Repairs' section:

Durable medical equipment information: Repairs (repairs and/or modifications of previously purchased equipment)

*Leave this section blank if your quote does not include any repairs

Fee code*	Description* (Include details for the item being repaired/modified, such as model number/part number and serial number. Include the cost of parts and any associated labour charges on a separate line, as applicable [i.e., if the item is no longer under warranty, or if it is a custom item].)	Is the item under warranty?* (Y = Yes; N = No)	Delivery date of item* (i.e., when the warranty period started)	Number of items* (number of units)	Cost per unit*	Line item amount* (not including taxes)	Discount %	Discounted line item amount (not including taxes)	GST % (if charged)	PST % (if charged)	Line item total (including taxes)
1289733	Modification to add Therafin Hip Guide Brackets (5" Thick, 1/2" Offset, 3" Pad Mount, EA, left and right side) to previously purchased Manual Wheelchair (Breezy EC Series Standard Wheelchair; EC 4000; serial number 7777888).	☐ Y ☑ N	2023-01-17	2	$159.00	$318.00	0	$318.00	$0.00	$0.00	$318.00
1289734	Labour to install Hip Guide Brackets (45 minutes)	☐ Y ☑ N	2023-01-17	0.75	$120.00	$90.00	0	$90.00	$0.00	$0.00	$90.00
		☐ Y ☐ N				0.00		0.00			0.00
		☐ Y ☐ N				0.00		0.00			0.00
								Service quote total*			$408.00

83D608 - Service information: Other charges

Leave this section blank if your quote does not include any other charges, such as:

- Expedited delivery or service time
- Expedited shipping by a third party
- Labour for installation
- Labour for customization/other
- A re-stocking fee; or
- Non-MSA related charges (delivery/shipping or labour)

Here are key points to help you complete the 'Service information: other charges' section of the quote form:

- Complete all mandatory columns marked with an asterisk (*).
  - Fee Code: Enter the applicable fee code from the 'Other Charges' section of the Durable Medical Equipment and Services Fee Schedule.
  - Description: Provide service details for the additional charge and specify which item (equipment) the charge is connected to (include item details, such as model number/part number and serial number).
  - Date of service or delivery date of item: Enter the date the equipment will be delivered, or the service performed, if known. This date marks the start of the coverage/warranty period.

- Number of items and Cost per unit: Enter the number of items (units) and the cost per unit, press 'Tab', and the form will calculate the line item amount for you.
  - Reminder: service technician labour is billable for the actual time spent on the service (delivery time or labour time) to the nearest quarter hour (15-minute) increment.
    - For example: 45 minutes = 0.75 units
- Tax: Enter the corresponding number for GST and/or PST, if applicable.
  - For example, if the tax is 5%, enter '5', press 'Tab', and the form will calculate the line item total for you.
- Confirm that the line item total is correct.

Example of a completed 'Service information: Other charges' section:

Service information: Other charges (delivery/shipping, labour for installation/custom items, etc.)

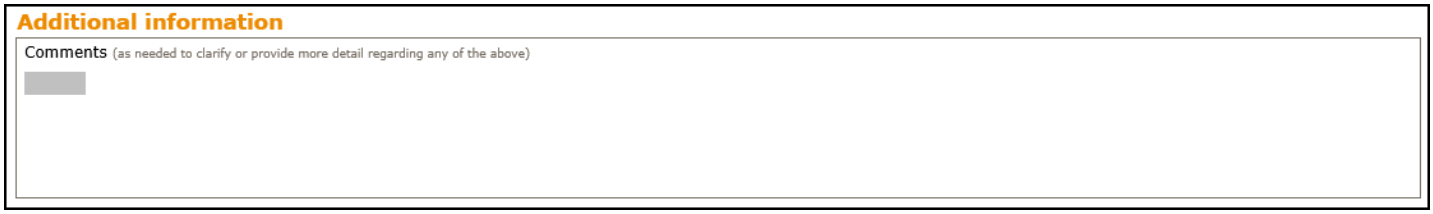
*Leave this section blank if your quote does not include any other charges

Is this an urgent/expedited request?*	If yes, indicate all that apply
√ Yes ☐ No	√ Delivery/service timeline requested: 24 hours **or** _____ days √ Distance from provider's business location to the service delivery location: 55 km ☐ Delivery/service is required on a weekend

Fee code*	Description* (include service details for the delivery or labour charges and specify which item each charge is connected to [include item details, such as model number/part number and serial number])	Date of service or delivery date of item (i.e., when the warranty period will start) (if known)	Number of items* (number of units)	Cost per unit*	Line item amount* (not including taxes)	GST % (if charged)	PST % (if charged)	Line item total* (including taxes)
1180417	Expedited delivery charge (1.5 hours return) for delivery of Healthcraft Superpole SPB-S with Horizontal Bar Floor to Ceiling Pole (300 lb capacity), from Kelowna to Summerland, as requested and approved by Bob Smith at WorkSafeBC to be delivered within 1 business day. Delivery to be completed by service technician who will complete the installation.	2025-10-02	1.5	$120.00	$180.00			$180.00
1289736	Labour charge (30 minutes) for installation of Healthcraft Superpole SPB-S with Horizontal Bar Floor to Ceiling Pole (300 lb capacity)	2025-10-02	0.50	$120.00	$60.00			$60.00
1289737	Labour time (2 hours and 15 minutes) for work on custom seating (Ride Custom AccuSoft Cushion E2609; 18x16).	2025-10-01	2.25	$120.00	$270.00			$270.00
					0.00			0.00
					0.00			0.00
							Service quote total*	$510.00
							Quotation total*	$ 4,351.60

83D608 – Additional information

Use this section to include any comments or details to clarify or provide additional context about the equipment and/or services that could not be captured elsewhere in the form.



Quoting for a purchase versus a rental or repair

Occasionally, a WorkSafeBC officer may request a comparison between the cost of a purchase versus the cost of a rental, or the cost of repairing a previously purchased item.

In this case, you should submit 2 separate quote forms (83D608). One including the item(s) listed in the 'Purchases' section of the form, and another with the applicable items in the 'Rentals' or 'Repairs' section of the form.

Include comments in the 'Additional information' section to explain that you are submitting two quotes for comparison purposes. Clarify that the quotes are for WorkSafeBC's review and approval of one option. Provide detail as needed to justify or explain your recommendation for one over the other.

Submitting separate quotes allows the WorkSafeBC officer to approve one option without requiring you to revise and resubmit a quote to remove duplicated items and prevents delays.

How to submit form 83D608 and supporting documents

WorkSafeBC's Document Uploader

The preferred method for submitting quotes is electronically via our online document uploader. Submissions via this method are instantly added to the injured worker's claim file for review, eliminating the 1 to 2 day delay associated with faxing.

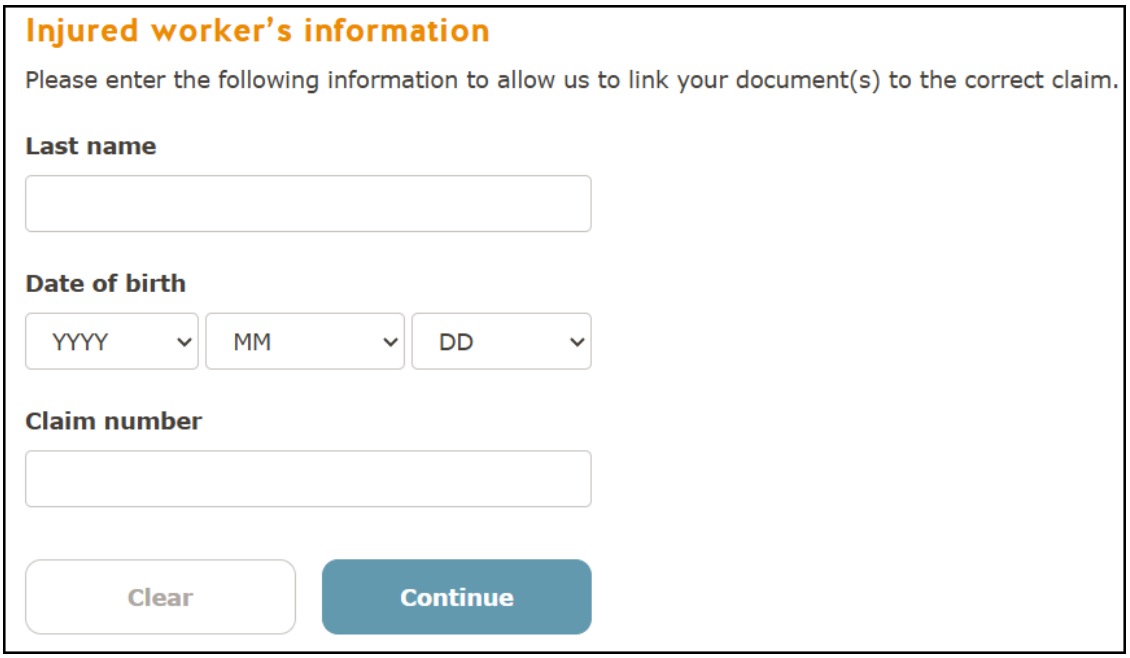
You may upload either the PDF or Microsoft Word versions of the quote form; however, PDF is preferred.

Note: the document uploader is currently a one-way channel for submitting quote forms to WorkSafeBC. Please refer to the 'Quote Approvals' section for details on the approval process.

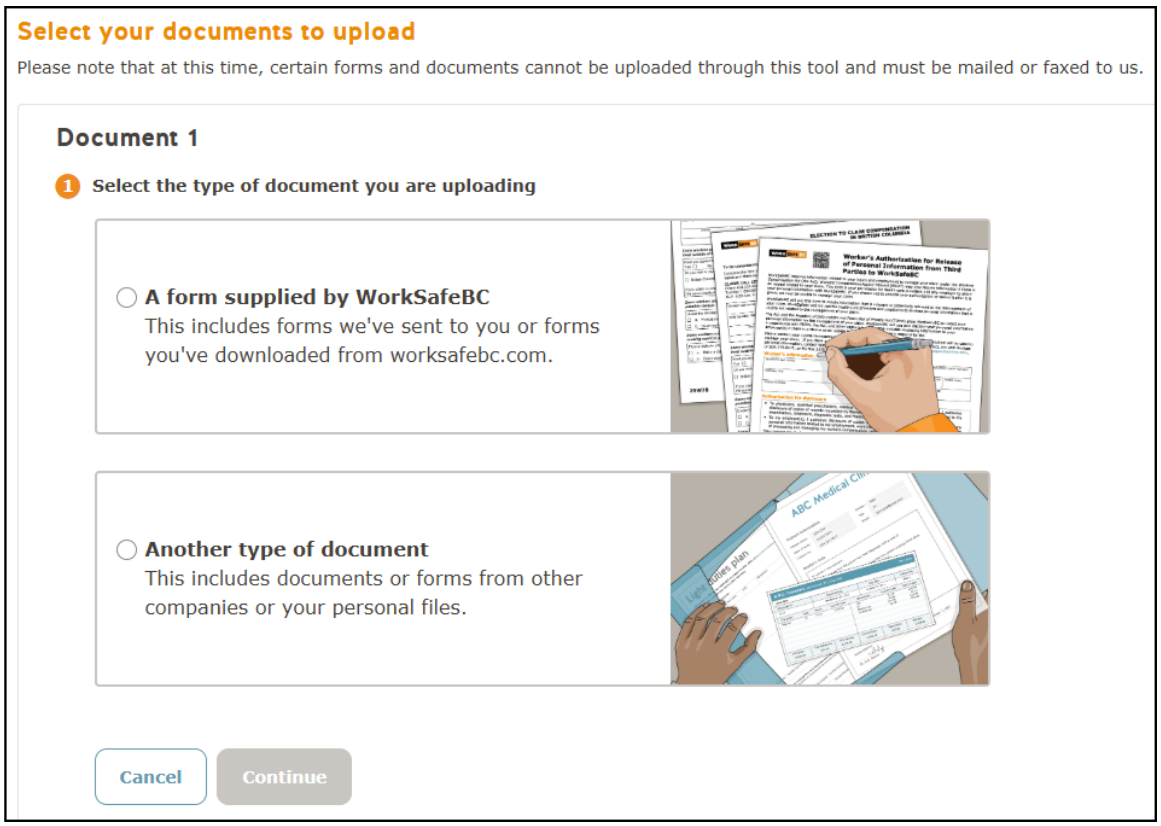
How to access and use the Document Uploader

Visit the document uploader. The link and submission instructions can be found in the 83D608 quote form.

1. Enter the following identifiers for the injured worker: last name, date of birth, and claim number, as shown in the screenshot below.
   If you are missing any of these identifiers or need to verify their accuracy, contact the Claims Call Centre at 604.231.8888 (Lower Mainland) or 1.888.967.5377 (toll-free).



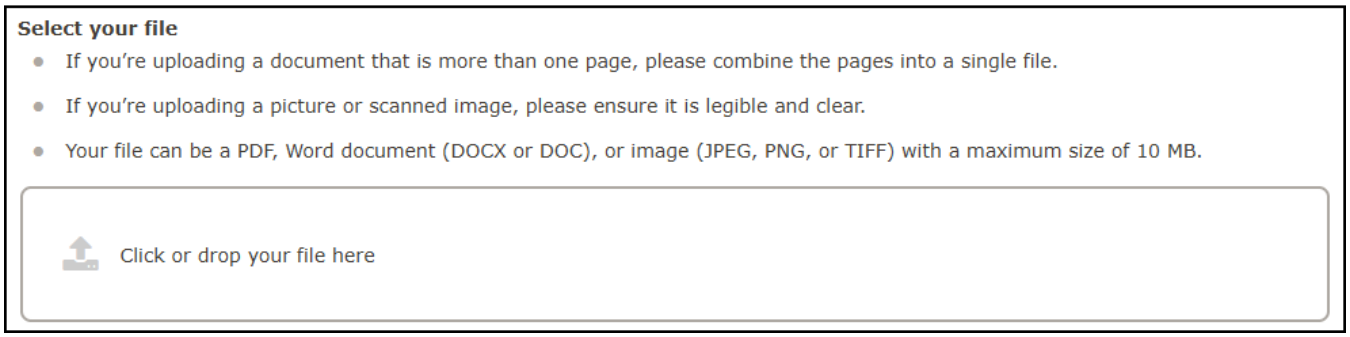
2. Select the document you are uploading: If it is form 83D608, select "A form supplied by WorkSafeBC". If it is a supporting document (i.e., your company's quote form), select "Another type of document".
   Important: If your submission includes a supporting document, you must upload the 83D608 and the supporting document (83D653) separately.



   a. If you select "A form supplied by WorkSafeBC", a search field will appear. Enter 83D608 and select "83D608 – Durable Medical Equipment and Services Quote".

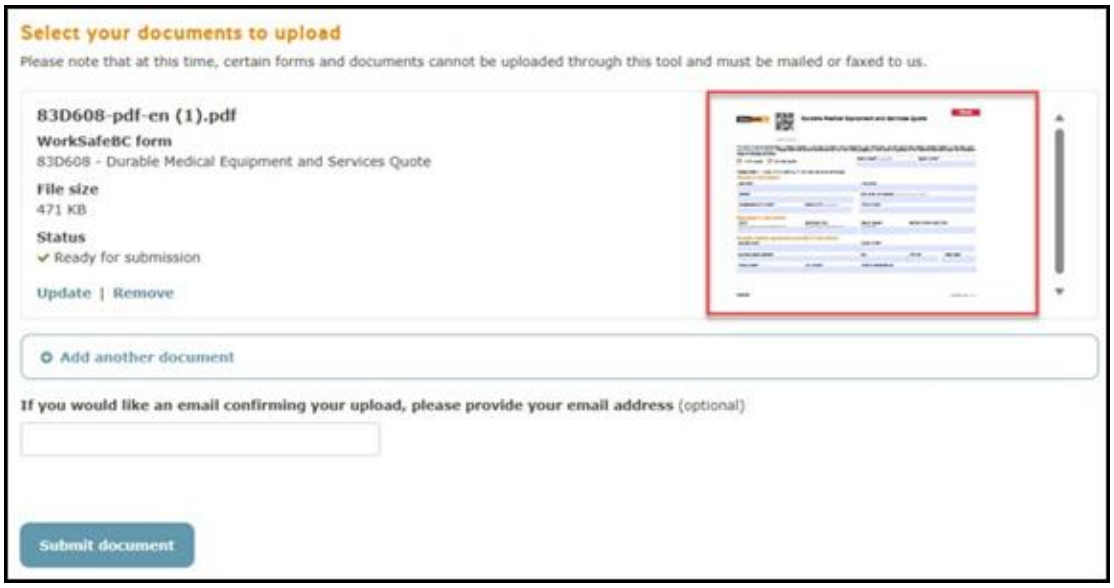
b. If you select "Another type of document", a list of documents will appear. Select "83D653 – Durable Medical Equipment Quote – Supporting Document".

3. You will then be prompted to upload your file:



When uploading your file, ensure the form is in its correct orientation: Form 83D608 should be in landscape format.

a. PDF uploads: After uploading, you will have two opportunities to 'Preview' the file - once immediately after upload and again on the 'submit document' screen. Use these previews to confirm correct orientation before submitting.



b. DOCX Uploads: Please note that the preview function is not available for Word documents.

Alternate quote submission methods

While fax and mail are still accepted, they are not preferred as WorkSafeBC is transitioning to paper-free processes.

If you need to submit your quote by fax or mail:

- Refer to the fax number and mailing address at the bottom of the 83D608 form.

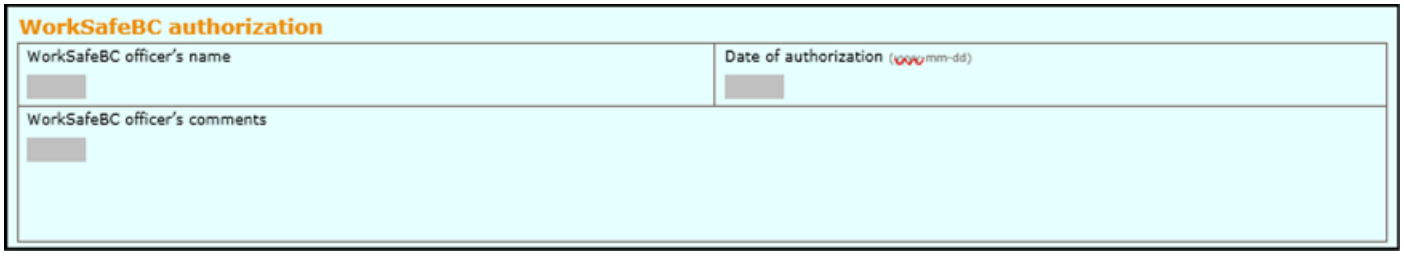
  If your submission includes a supporting document, ensure it is included in the same fax or mail package, with the 83D608 form placed first.

Quote Approvals

After submitting your quote to WorkSafeBC, you must receive approval from a WorkSafeBC officer prior to proceeding with the order and/or service.

Quote approval may be provided to you in one of the following ways:

- Verbal approval over the phone, or
- Written approval via:
  - An email that clearly states the approval;
  - A fax or email containing a one-page approval letter (e.g., 83B660 Durable Medical Equipment and Services Quote Approval form); or
  - A fax including form 83D608 with the designated 'WorkSafeBC authorization' section completed.



Regardless of the approval method, it is essential to retain a copy for your records.

- For verbal approvals, document the date and time of the call and the first and last name of the approving WorkSafeBC officer.

If you have a preferred approval method, you may request this directly from the approving WorkSafeBC officer or note it in the comments field under 'Additional information' on the quote form (83D608).

If you do not know who the assigned officer is for a claim, contact the WorkSafeBC Claims Call Centre at 604.231.8888 or 1.888.967.5377. Provide the claim number and ask whether a Special Needs Officer (SNO) is assigned. If not, ask for the Clinical Specialist Nurse (CSN) or the Claim Owner.

Invoicing for Durable Medical Equipment and Services

WorkSafeBC's Durable Medical Equipment and Services Fee Schedule

Refer to the Durable Medical Equipment and Services Fee Schedule for applicable fee codes and associated examples, and business rules for each. Business rules are in alignment with the terms of the Master Standing Agreement (MSA).

Invoicing – General guidelines

Invoices must:

- Be submitted using the templates and platforms specified by WorkSafeBC (see details below).
- Be received by WorkSafeBC within 90 days of the delivery date and/or date of service.
- Accurately reflect fee codes and amounts as outlined in the approved quote.
- Comply with WorkSafeBC's Durable Medical Equipment and Services Fee Schedule and the terms of the MSA.

  Reminder: In the event of any discrepancy, MSA terms take precedence. Even if a quote has been approved by a WorkSafeBC officer, all invoices remain subject to verification, including post-payment, and may be adjusted if an invoice is non-compliant with the MSA or otherwise contains errors.

Invoicing – Submission

Online invoicing through My Provider Services (MPS)

The preferred method for submitting invoices is electronically via our online invoicing platform, My Provider Services (MPS).

This platform offers a convenient, centralized way to manage invoices, helping you save time and receive payment faster.

With your MPS account you can:

- Submit invoices instantly
- Save draft invoices
- Check payment status and details anytime

How to access MPS

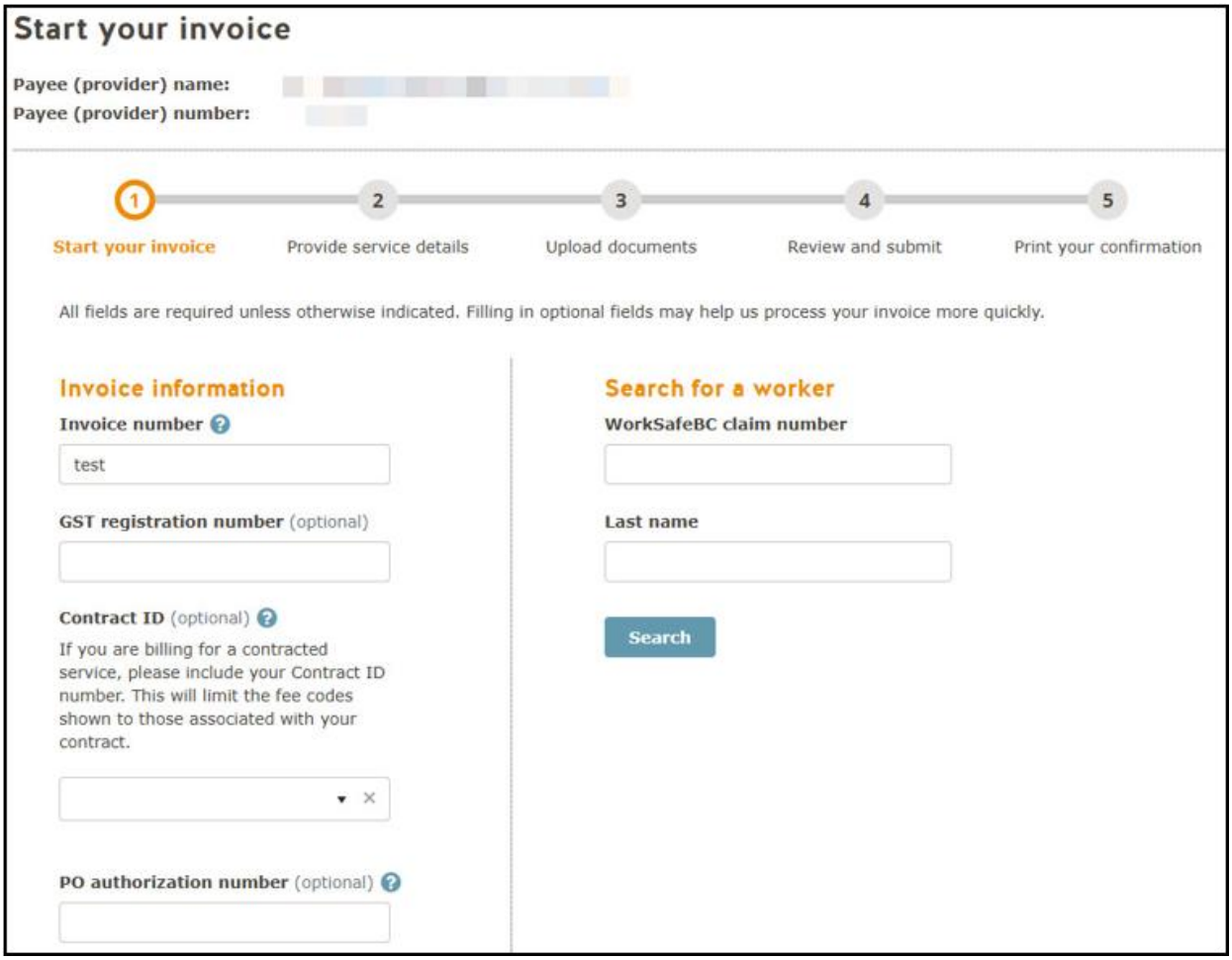
To get started, you'll need to set up an online services account with WorkSafeBC. To learn more, watch this video for instructions on setting up your MPS account.

Once your account is active, Login using your email and password.

How to create and submit an invoice in MPS

1. Log in (as above).
2. Start a new invoice:

When you start your invoice, you will see the following screen.



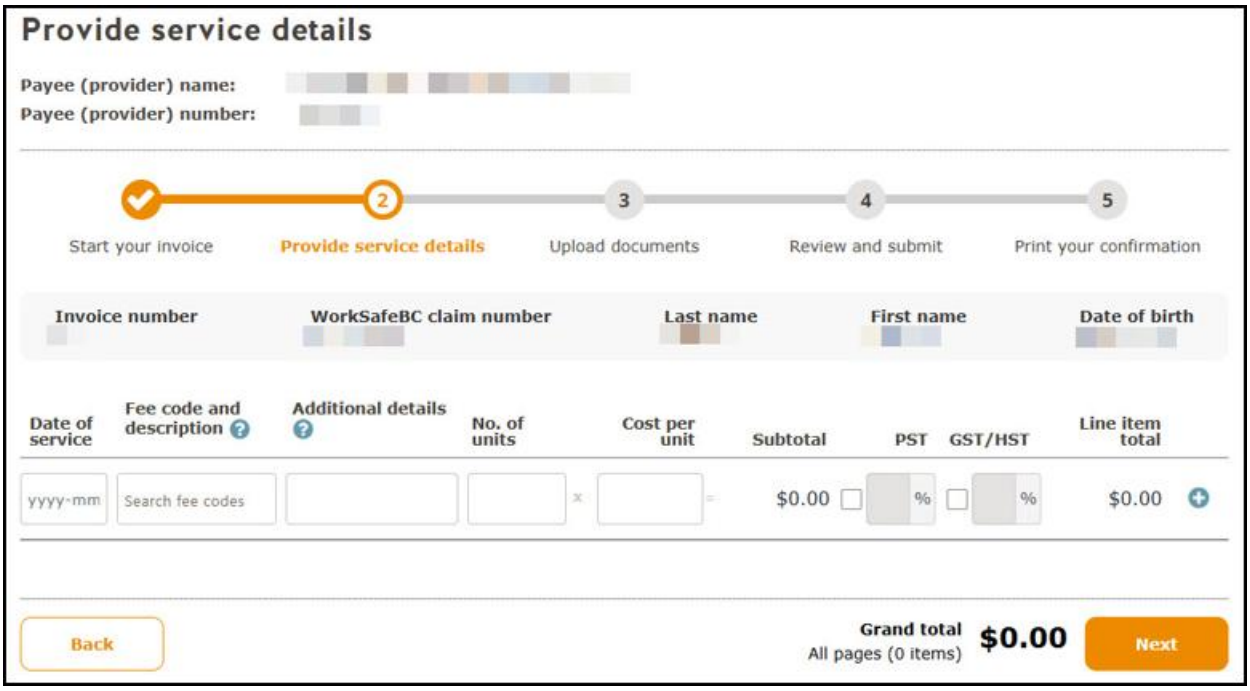
On this page:

- Invoice number: Enter the unique quote number generated by your company.
- GST registration number: Enter if applicable.
- Contract ID: Leave this field blank (not currently applicable to this program).
- PO Authorization Number: If your invoice relates to equipment with a Purchase Order (PO), enter the PO number here.
    - Although marked optional, this field is mandatory if a PO was issued. Please note that each PO requires a separate invoice, even if it is for the same injured worker.
- Claim number and injured worker's last name: Enter both.

Click the 'Search' button.

3. Provide the services details:

After clicking 'Search' on the page above, you will be directed to the following screen:



On this page, complete all required fields for each item.

- Date of service (DOS):
  - For purchases, the DOS is the date the item was delivered.
  - For services (e.g., billing labour for a repair), the DOS is the date that particular service took place.
  - For rentals, the DOS must be the last date of the rental cycle being billed.
    Example: For a June 1-30 rental, the DOS is June 30.
    Note: WorkSafeBC cannot pre-pay for goods or services.
- Fee code and description: Enter the applicable fee code and the description will populate for selection.
  - Ensure the fee code(s) you are billing match those outlined in the approved quote.
- Additional details: include the following details in this field:
  - Description of the item or service: Provide a brief description (e.g., "2 grab bars for bathtub" or "labour for grab bar installation"). A detailed description is not required as long as you include the quote number and date (next bullet).
  - Quote number and date: Reference the quote associated with the item or service, along with the date of the quote.
    - If it is a revised quote, use the date from the updated form.
    - For Time Sensitive/Pre-Authorized equipment fee codes (1204485, 1204486, and 1274880), reference the related OT/Chronic Wound Care Provider form (83D357 or 83D513) and include the request date.

    - If a Rental: In addition to the details above, you must also include the rental cycle dates you are billing for (e.g., June 1-30, 2025). The DOS is the last day of the cycle.
- Number of units: Enter the quantity (e.g., number of items or number of fractional units if it is for a service).
- Cost per unit: Enter the total cost of the item, including any applicable discounts (as MPS does not have a separate field or column for discount details). To reduce administrative burden, you may combine items together into one invoice line if they:
    - Were listed on the same quote;
    - Share the same date of service (DOS); and
    - Use the same fee code.

  With these conditions met, there is no need to separate multiple items that have the same fee code, as we can reference the quote (and supporting document if applicable) for the details as needed.

  If items are on different quotes, list them on separate lines, referencing the applicable quote number and date for each within the 'Additional details' field. These can still be included in the same invoice.

  Note, this approach is similar to completing the 83D608, where the quote and invoice may be high-level (i.e., summarized into one item per fee code) while the supporting document provides the detailed breakdown.

4. Upload documents:

   MPS provides you with the ability to upload supporting documents to your invoice, but this is not required if you've referenced the related quote(s) within the 'Additional details' section of the invoice.

5. Submit your invoice:
   Review your invoice to ensure accuracy and completeness. Once verified, submit it and print or save the confirmation for your records.

Alternate invoice submission method

If you need to continue billing on paper, invoices must be submitted using the Supplier/Vendor Invoice (form 83D66) to ensure smooth payment processing. The fax number and mailing address are located at the bottom of the 83D66 form.

Invoices may only be submitted electronically via MPS, or by paper using form 83D66. Invoices submitted by any other method will not be accepted.

Important contact information and webpages

For more information and to access the documents and forms referenced in this guide, please visit: Medical Supplies - WorkSafeBC

If you have any questions, please reach out to us at: medicalsupplies@worksafebc.com

Frequently Asked Questions

Q1: Do I need to submit a quote for every equipment request?

A: Yes, unless the request is Time Sensitive from an OT (≤ $1,000) or Chronic Wound Care Provider (≤ $500), in which case a quote is not required.

Q2: Can I use my company's quote form instead of 83D608?

A: No. The 83D608 Quote Form is mandatory. Your company's quote may be submitted as a supporting document only when needed to provide additional detail.

Q3: What if I don't have the injured worker's date of birth (DOB)?

A: Contact the requestor or the Claims Call Centre (604.231.8888; toll-free: 1.888.967.5377) to obtain it. DOB is required for document uploader submissions.

Q4: How do I know if my quote was approved?

A: Approval may be verbal or written (email, fax, or signed 83D608). Always retain documentation of approval.

Q5: What happens if some items in my quote are not approved?

A: Submit a revised 83D608 (and updated supporting document, if applicable) to reflect the approved items only. Mark the quote as "Revised" on page 1.