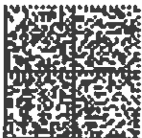

Worker Prescription Claim

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 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.

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?

☐ Yes ☐ 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	2013-04-30	02163926	123456	Pain killer	$10.00	Dr. ABC
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								

I certify that I incurred these expenses. I understand that it is considered fraud or misrepresentation to claim the same expenses twice from other institutions. I authorize 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 ☐ Yes

WorkSafeBC use only

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