

PLEASE READ FIRST

## Your Travel and Parking Expenses for Medical Appointments and Treatment

**WCB may cover travel costs to and from medical appointments for treatment resulting from the work related injury or travel expenses related to participation in vocational rehabilitation activities.**

### Using a private car (See Step 1):

- ✓ You can claim mileage over and above your normal travel to work to the nearest medical facility. The WCB pays the most cost effective route. (i.e if your normal trip to work is 5 kms and you go off your normal route to the doctor for a total of 7 kms, it adds 2 kms to your trip to work. Your travel expense will then be 2 kms).
- ✓ You can claim parking at your medical appointment(s). We need the original receipt if you park in a lot or a parkade.
- ✓ If you parked at a meter, write **Meter Parking** on the receipt and the amount you paid.
- ✓ If you move, and this results in having to travel further for medical appointments/treatment, mileage reimbursement is calculated using your original address.

### Buses, taxis or other methods of transportation (See Step 2):

- ✓ You can claim public transit fare if in excess of costs normally incurred travelling to and from work
- ✓ **IF** you received pre-approval from your Adjudicator and/or Case Manager, you can claim taxi fares, with original receipt.
- ✓ *If you need to use other kinds of transportation, talk to your Adjudicator and/or Case Manager.*

### Purpose of your trip - what to write on the form:

- ✓ **Medical Treatment (MT):** appointments with your doctor, physiotherapist, athletic therapist, chiropractor, etc. If travel is required for reasons other than medical appointments, please specify (vocational training, etc).
- ✓ **Escort:** indicate if you required someone to accompany you to a medical appointment or treatment due to the effects of the compensable injury. This is considered on a case by case basis and should be discussed in advance with your Adjudicator/Case Manager.
- ✓ **Mileage:**
  - Work address
  - Home address
  - Total kms for your appointments (you will need to verify from where you left and to where you returned)

### Other Expenses covered (Contact your Adjudicator/Case Manager for approval/current rates):

- ✓ Meals: reimbursement is through our meal expense rate policy. For potential coverage, contact your Adjudicator or Case Manager.
- ✓ Hotel expenses: arrangements should be made at a moderately priced hotel. The WCB will approve hotels approved by the Province of Manitoba for its employees. There are limits to the room rate WCB will cover - confirm this amount in advance. Receipt to be submitted for reimbursement.
- ✓ Lodging (example; friends, family member) - not to exceed 50% of the cost of an appropriate hotel -no receipt required

### Other Expenses not listed:

- ✓ Need pre-approval from your Adjudicator and/or Case Manager. Please discuss with them directly
- ✓ We do not cover the cost of faxing medical, sick notes or functional ability forms
- ✓ We also do not reimburse mileage to pick up prescriptions
- ✓ When in doubt, contact your Adjudicator and or/Case Manager to determine if your expense are eligible

Please include your  
**Name and Claim Number**



<b>Claim No.:</b>
<b>Name:</b>
<b>Adjudicator/Case Manager:</b>

**Your Travel and Parking Expenses (Medical Appointments & Treatment)**

**Step 1: List your trips by private car (in date order)**

Office Use Only	Date of Travel	Round Trip (distance in km)	Parking Cost	Describe your round trip with addresses	Purpose of Trip
EXAMPLE	June 1/14	20km	\$2.00	Home, 111 Any Street to Dr. Smith, 60 Main Street to home again	MT
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Home address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Total kms from home address to work address: \_\_\_\_\_

**Step 2: List your trips by bus, taxi, etc (in date order). For meal reimbursement, time/length of appt is required.**

Office Use Only	Date of Travel	Bus, taxi	Cost	Describe your trip with addresses	Time & length of appointment	Purpose of Trip
EXAMPLE	June 1/14	Taxi	\$25.00	Home, 111 Any Street to Dr. Smith, 60 Main Street to home	9am (1 hr)	MT
1						
2						
3						
4						

**Step 3: Sign and date this form below. Without your signature and date, we can't pay you.**

*All the information provided on this form is related to my workplace injury and true.*

<b>Signature:</b>	<b>Date:</b>
<b>Mailing Address:</b>	

PLEASE READ FIRST

## **Your Medical and Personal Expenses**

**You can claim reimbursement of medical expenses, resulting directly from a work place injury, such as:**

- ✓ Prescriptions and over-the-counter medicines
- ✓ Bandages, dressings or other medical supplies
- ✓ Prescription glasses damaged in the accident
- ✓ Dental work

**Tips for making your claim and filling out the form:**

- ✓ To claim for prescription drugs, attach original receipts.
- ✓ To claim any other expenses, attach original receipts.
- ✓ To claim damaged glasses with respect to a workplace injury, you will require an eyeglass claim form. Please contact your Adjudicator and/or Case Manager to discuss. This requires pre-approval.
- ✓ To claim dental work with respect to a workplace injury, you will require a dental claim form. Please contact your Adjudicator and/or Case Manager to discuss. This requires pre-approval.

**Please include your  
 Name and Claim Number**



<b>Claim No.:</b>
<b>Name:</b>
<b>Adjudicator/Case Manager:</b>

### Your Medical and Personal Expenses

**Checklist**

- ✓ For prescriptions, attach your original receipt or original Pharmacare receipt
- ✓ For all other expenses, attach original receipts
- ✓ Claim only expenses related to your injury

**Step 1: List your prescriptions and over-the-counter medications**

Office Use Only	Date of purchase	Medicine	Why you needed this medicine	Your physician's name	Expense Submitted
<b>EXAMPLE</b>	June 1/14	Naproxen	Relieve back pain	Dr. Smith	\$13.65
1					
2					
3					
4					
5					
6					
7					
8					
				<b>Subtotal medicines</b>	<b>\$</b>

**Step 2: List your other personal expenses such as bandages, braces, and so on**

Office Use Only	Item	Date of purchase	Seller's Name	Expense Submitted
<b>EXAMPLE</b>	Bandages	June 1/14	Wal-Mart	\$15.00
1				
2				
3				
4				
5				
			<b>Subtotal personal expenses</b>	<b>\$</b>

**Step 3: Sign and date this form below. Without your signature and date, we can't pay you.**

*All the information provided on this form is related to my workplace injury and true.*

<b>Signature:</b>	<b>Date:</b>
<b>Mailing Address:</b>	