Saskatchewan Workers' Compensation Board

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Toll free: 1.800.667.7590
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Click on any field to start editing.

Reset Form

Worker's Medical Expense Statement

Name, address, postal code

WCB claim number: _____

If you require reimbursement for medical expenses, please complete and return this form.

1. Please fully complete all required fields.
2. Attach original or copies of original receipts for all expenses being claimed.
3. Please use a separate sheet if additional space is required.

Incomplete information will mean a delay in processing. Please ensure both parts are complete and accurate, and that all receipts are attached.

PART 1

Provincial Health Number: _____ Date of birth: (MM/DD/YYYY) _____

Please sign before submitting this form through your WCB online account, or by emailing/ mailing/ faxing it.

Signature

(MM/DD/YYYY) _____
Date

PART 2

Prescription and/or medical expense details	Date expense incurred	Amount paid
	(MM/DD/YYYY)	
	(MM/DD/YYYY)	
	(MM/DD/YYYY)	
	(MM/DD/YYYY)	
	(MM/DD/YYYY)	
	(MM/DD/YYYY)	

With a secure WCB online account, you can submit expenses, send information to your WCB representative(s), upload documents and view your claim information – all in one place. Sign up today at wcbsask.com.

Copies of original receipts may be submitted for reimbursement of medical or other additional expenses. Original receipts should be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.