

Caregiver Receipt

IMPORTANT: IF PREPARING THIS RECEIPT USING PDF FILLABLE FIELDS, SAVE THIS DOCUMENT TO YOUR COMPUTER FIRST. Do not complete this template from an online browser.

| | | |
|------------------------|---------------------------|---------------|
| Caregiver's name | Payment date (yyyy-mm-dd) | Payment \$ |
| Client's name | Client's claim number | |
| Description of service | | |

For more information on caregiver receipts, see WorkSafeNB's [Policy 25-003 - Home Care and Independence](#).

To submit your receipt by email, attach the completed document and state "Caregiver Receipt" in the subject line, then send to documents@ws-ts.nb.ca. WorkSafeNB reminds you that submitting documents through unsecure email networks increases privacy concerns. For more information, please read WorkSafeNB's [Access to Information and Privacy](#) statement.

You can also submit your *Caregiver Receipt* through [MyServices](#) or by mail or fax.

Mail
 WorkSafeNB
 1 Portland Street
 PO Box 160,
 Saint John, NB E2L 3X9

Fax
 Toll-free 1 888 629-4722

Questions?
 Toll-free 1 800 999-9775
 M-F, 8 a.m. to 4:30 p.m.