



Application for Medical Aid and Other Services

IMPORTANT: Save this form to your computer or network drive before filling it out.
Do not complete this form directly from a web browser.

This form is not for travel reimbursement, prescription medication, hearing aid-related requests or compensation for a previously accepted claim. For these requests, see [Travel Expense Form](#), [Direct-Pay Prescription Drug Program](#), [Hearing Loss Information and Resources](#) and [Application for Compensation Benefits](#).

1. Your information

Last name		First name		Claim number	
Street address				Apt. no.	
Town/City	Province	Postal code	Phone number (cell)	Phone number (home/other)	
Medicare number		Email address			Date of birth (YYYY-MM-DD)
Social insurance number		Family doctor/nurse practitioner		Date of accident/injury/illness (YYYY-MM-DD)	
Body part(s) injured		Specify left, right or both if applicable Left Right Both			

2. Medical aid or other service request

Please describe the treatment, supply, or service you are requesting. If a healthcare professional or company is involved, provide their name. **Requests must be related to the work-related injury or condition to be eligible for approval.**

Ex. Physiotherapy treatment, TENS pads, brace, etc.

Please explain why this treatment, supply, or service is needed.

To help us process your request without delay, please confirm which of the following supporting documents you are submitting with this application (if applicable).

Receipt (for reimbursement requests)

Doctor's referral, prescription, or recommendation

Quote or cost estimate from the healthcare professional or company

Note: Most requests require a quote or cost estimate and/or a doctor's referral, prescription, or recommendation. For more information about documents required with your application, please visit our [website](#).

I declare that that all the information provided by me is true and correct to the best of my knowledge.

I consent and authorize WorkSafeNB to gather, use, release or disclose information from this claim, including medical and financial information, as authorized by law or otherwise as may be reasonable in the WorkSafeNB management or assessment of my claim(s), including disclosure to third parties. WorkSafeNB takes the protection of your privacy seriously.

Name	Signature (worker or representative)	Date
------	--------------------------------------	------

Here are your options for submitting this request:

MyServices

MyServices is the most secure and convenient way to upload and submit documents to WorkSafeNB. To register, you'll need your social insurance number or Medicare number and the date of birth WorkSafeNB has on file. [Register here](#)

Email

Email to app-dem@ws-ts.nb.ca. WorkSafeNB reminds you that submitting documents through unsecure email networks increases privacy risk of data insecurity. For more information, please read WorkSafeNB's [Access to Privacy and Information](#) statement.

Mail

WorkSafeNB, 1 Portland St.
PO Box 160, Saint John, NB E2L 3X9

Fax

Toll-free 1-888-629-4722

To learn more about the claims process, potential benefits available, and how to have a healthy and safe return to work, please go to worksafenb.ca/workers. If you have any questions, please contact us toll-free at 1-800-999-9775 (Monday to Friday, 8 a.m. to 4:30 p.m.).

3. Banking information

If you are requesting reimbursement and your banking information has recently changed, please contact us at 1-800-999-9775 to update your information, or complete the banking details below and include them with your application.

<p>If your banking information has changed since your last payment from us, and you are looking for reimbursement for medical aid, please complete the banking information section below:</p>		
<p>Branch number: <small>(may also be called "transit" number)</small></p>	<p>Financial institution:</p>	<p>Account number: <small>(usually 7 digits / may be more depending on bank)</small></p>
<p>You'll find the banking numbers needed on the bottom of your cheques. Alternatively, you may find the numbers by visiting your financial institution's website and viewing the "Direct Deposit" or "Pre-authorized Payment" tabs. (Naming conventions may vary.) Note: You do not need to provide banking information if you are submitting this form for information purposes only (not seeking medical treatment and/or wage replacement.)</p>		