

BEFORE YOU BEGIN...

## Your Medical and Personal Expenses

**You can claim:**

- Prescriptions and over-the-counter medicines needed for your injuries
- Bandages, dressings or other medical supplies needed for your injuries
- Prescription glasses damaged in the accident
- Dental work needed from your injuries

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

- To claim prescription drugs, attach your original Pharmicare receipts.
- To claim any other expenses, attach your original receipts.
- To claim damaged glasses, list the cost to repair or replace them. *Keep your damaged glasses—your case manager will need to see them.*

Claim No.

Case Manager

Claimant's Name

# Your Medical and Personal Expenses

## Checklist

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

### STEP 1 List your prescriptions and over-the-counter medicines

Office use only	Date of purchase	Medicine	Why you needed this medicine	Your physician's name	How much
<b>EXAMPLE</b>	10-June-07	Tylenol #3	Relieve low back pain	Dr. Smith	\$13.65
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>Subtotal medicines</b>					\$

### STEP 2 List your other personal expenses such as eyeglasses, braces and so on

Office use only	Item	Date of purchase	Seller's name	Name of person who paid	How much
<b>EXAMPLE</b>	Eyeglasses	10-June-07	Anyplace Optical	Mr. Ted Jones	\$150.00
1					
2					
3					
4					
5					
6					
<b>Subtotal other personal expenses</b>					\$

### STEP 3 Add your subtotals together

**Total claimed**

\$

### STEP 4 Sign and date this form, below. Without your signature and a date, we can't pay you.

All the information I've provided on this form is true.

Signature

Date

Current Address

Case management approval	Comments
Date	