



wsib.ca

January 21, 2020

000344

NISHNAWBE-ASKI LEGAL SERVICES CORPORATION
119 PINE ST S UNIT 210
TIMMINS ON P4N 2K3

CANADA

Claim Number: 31439355
Name: MADELAINE KLOKE

Date of injury/illness: 16/Jan/2020
Injury/illness: N/A

Dear NISHNAWBE-ASKI LEGAL SERVICES CORPORATION,

To keep you informed of the status of this claim, we are sending you a copy of a letter we sent to MADELAINE KLOKE.

This decision was made based on the information available. If you do not understand the decision, or if you do not agree with it, please call and ask to speak with the decision maker for this claim.

It is important to know that the *Workplace Safety and Insurance Act* imposes time limits on objections. If you want to object to this decision, you must complete an Intent to Object Form and send it to us no later than July 21, 2020. You can upload your completed form at wsib.ca/upload.

You may find it helpful to have a representative such as a lawyer or paralegal help with the claim. If you are a business and have fewer than 100 employees, you may be able to access free advice and representation through the Office of the Employer Advisor. For more details, visit employeradvisor.ca. If you are an injured or ill person and do not belong to a union, you may be able to access free advice from the Office of the Worker Advisor. For more details, visit owa.gov.on.ca.

For more information about appealing a WSIB decision, visit the Appeals section of our website at wsib.ca.

Yours sincerely,
Operations Division
Tel: 416-344-1000 or 1-800-387-0750

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SG



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January 21, 2020

MADELAINE KLOKE
95 PINE ST N
TIMMINS ON P4N 6K8
CANADA

Claim number: 31439355

Name:
MADELAINE KLOKE

Date of injury/illness: 16/Jan/2020

Injury/illness:
N/A

Dear MADELAINE KLOKE

We are sorry to hear about your recent workplace injury or illness. We have allowed your claim for health care benefits. It doesn't appear that you missed any work after the date of your injury or illness. If you did miss work because of this injury or illness, please call us because you may also be eligible for loss-of-earnings benefits.

If you are having any difficulties because of your injury or illness, or if you have not returned to your regular work duties after 14 days, please call us to let us know. We may be able to offer you additional services to help in your recovery and return to work.

Note: Under the law, WSIB benefits generally stop at age 65, but if you were 63 years of age or older at the time of your injury or illness, you are eligible to get loss-of-earnings benefits for up to two years from the date of your injury or illness.

We have included some important information about the services available to you. We are available to answer any questions you may have about anything in this letter or about your claim. Please call us at the number below.

Sincerely,
Operations Division
Tel: 416-344-1000 or 1-800-387-0750
Copy To: NISHNAWBE-ASKI LEGAL SERVICES CORPORATION

 Upload forms and documents related to your claim at wsib.ca/upload

Important information about your benefits and services

Visit [wsib.ca/yourguide](https://www.wsib.ca/yourguide) to find more detailed information about your benefits, services and responsibilities.

Sending us information

You or your health care practitioner can upload any forms or documents related to your claim at [wsib.ca/upload](https://www.wsib.ca/upload).

Helping in your recovery and return to work

People with workplace injuries or illnesses, businesses, and the WSIB all have responsibilities under the law as workplace partners. You can help us during your recovery and return to work by keeping up with health care treatments, staying in touch with your employer about return-to-work options, and providing us with information we request to manage your claim.

You need to complete a Worker's Report of Injury/Disease (Form 6) and send it to the WSIB. You can upload the completed form at [wsib.ca/upload](https://www.wsib.ca/upload).

You must file your claim within six months of the date of your injury or six months after being diagnosed with a work-related illness. You can only receive income replacement for up to two weeks after your injury or illness without completing and sending us a Form 6.

Reporting material change in circumstances

You must report the following changes in your circumstances to us within 10 days of the change, to make sure your benefits are not reduced or stopped:

- an improvement or worsening in your condition
- an increase or decrease in your wages
- beginning to get, or changes to your Canada Pension Plan disability benefits
- a change in your job duties or hours
- a change in your ability to co-operate in treatment, early and safe return-to-work activities, or work reintegration program

Please contact us if you're not sure whether you need to tell us about a change. We can review the information and decide if we need to make adjustments to your benefits.

Employers' right to object

Your employer can object to your claim being allowed. They must let us know they are objecting within six months of the date on the decision letter allowing your claim.

Health care services/equipment and/or supplies

If you need health care services, equipment or supplies because of your work-related injury or illness, you will need to get a prescription from your treating practitioner. Sometimes a service or product may need to be pre-approved to make sure payment is allowed. In these cases, the service provider or supplier should contact the WSIB to get approval.

Suppliers and health care practitioners should bill the WSIB directly for any services, equipment or supplies.

Please use one of the four suppliers listed below for any health care supplies or equipment. By using these preferred suppliers, you will not have to pay any out-of-pocket expenses and can have your supplies or equipment delivered to your home if needed.



Preferred supplier	Contact information	Location
McKesson Retail Banner Management	Phone: 1-844-989-1784 Fax: 905-943-4513 Website: www.hhcesprovider.ca	Province-wide with over 75 independently-owned locations. Banner stores include IDA Drugmart and Guardian Pharmacy
Ontario Home Health	Phone: 1-800-661-1912 Fax: 1-866-388-7681 Email: sales@ont-home-health.on.ca Website: www.ont-home-health.on.ca	Central and southwestern Ontario: Stratford, Orangeville, Guelph and Cambridge. Specializing in rural support for these areas.
Motion Specialties	Phone: 1-800-267-2920 Website: www.motionspecialties.com	Province-wide with about 22 retail locations across Ontario
Shoppers Home Health Care	Phone: 1-866-220-3837 Website: www.shoppershomehealthcare.ca	Storefront locations across Ontario

Drug benefit program

Pharmacies across Canada can bill us electronically for medication prescribed to you for a work-related injury or illness that has been allowed by the WSIB.

To get your prescription filled, take it to any Canadian pharmacy. Your pharmacist will need your claim number to process your prescription.

Sometimes you may have to pay for your prescription and then request reimbursement from the WSIB. This happens if:

- we are still reviewing entitlement in your claim, or to a particular medication
- the medication is not covered
- the quantity of the medication requested is more than what we have allowed for you

If you have to pay for your prescription, you can complete and send us a Medication Reimbursement Form, which is available at wsib.ca/forms, or from pharmacies. You can upload the completed form, along with a photo or scan of your receipts at wsib.ca/upload.

Travel expenses

If you or another person designated by the WSIB, such as a family member, need to travel because of your claim, we will reimburse you for reasonable travel costs. You must get approval from us before asking us to reimburse you for travel costs.

To get reimbursed, you will need to complete and send us a Worker's Travel Expense Form, which is available at wsib.ca/forms. You can upload the completed form at wsib.ca/upload.

Please complete the form based on the method of travel we have approved, even if you choose to travel using a different method. For example, if we approve public transit fare and you choose to drive, you should complete the form claiming transit fares. Be sure to provide all the information requested so that we can process your payment promptly.



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