

## Department of Health and Wellness Pharmacy Provider Confirmation of Agreement

Name of Provider			Provider No.		
Add	ress				
Email Address			Effective Date		
	Agreement (as ame Department of Heal	oox, it is ended fro Ith and W	ox, it is certified the above provider accepts the terms and conditions of the <i>Pharmacy Service</i> anded from time to time), effective October 1, 2019 to September 30, 2024, between the Nova Scotia h and Wellness and the Pharmacy Association of Nova Scotia.		
	(as amended from t	time to ti	rtified the above provider accepts the terms and conditions of the <i>Pharmacare Tariff A</i> ime), effective October 1, 2019 to September 30, 2024, between the Nova Scotia Del the Pharmacy Association of Nova Scotia.		
This provider confirms that all claims under the <i>Pharmacare Tariff Agreement</i> will be submitted on the basis of drug cost of either the actual acquisition cost (AAC) or the maximum allowable reimbursement level specified in the Nova Scotia Formulary. This provider further confirms that all claims will be submitted with the LESSER of the Usual and Customary Dispensing Fee charged to cash customers or the applicable maximum Pharmacare Dispensing Fee. This provider also confirms that all claims under the <i>Pharmacy Service Agreement</i> will be submitted on the basis of the special service fees established under that Agreement.					
			ensing Fees (\$) charged to cash customers and my Usual and Customary Serveligible for public funding for services are:	vice	
	Dispensing ostomy su		Service fee for assessment and prescribing for uncomplicated cystitis:		
Dis	pensing fee for compo extemporaneous pr (except inject	roducts	Service fee for assessment and prescribing for herpes zoster:		
Di	spensing fee for meth	nadone:	Service fee for contraception management assessment and prescribing:		
	Dispensing all other prescri		Service fee for prescription renewals:		
On behalf the provider, I certify the foregoing represents an accurate statement of the Usual and Customary Dispensing Fees in effect for the above provider. I understand that Usual and Customary Dispensing Fees mean the dispensing fees charged to customers who pay cash for their prescriptions. I agree to permit an examination by the Nova Scotia Department of Health and Wellness or its designated agent of those provider records deemed necessary by the Department of Health and Wellness to verify the accuracy of this declaration. I agree to submit a new Confirmation of Agreement if there is any variation in my Usual and Customary Dispensing Fees or Service Fees from the fees set out in the <i>Pharmacare Tariff Agreement</i> or <i>Pharmacy Service Agreement</i> .					
Sign	ned this		day of 20		
Authorized Signatory of Provider (Printed Name)  Title					

**Authorized Signature**