# NOVA SCOTIA PROVINCIAL PHARMACARE PROGRAMS

## Request for Credit – Injectable Medication and Ostomy Supplies

| CLAIM INFORMATION | |
|---|---|
| **PHARMACY NAME** | **PROVIDER NUMBER** |
| **CONTACT PERSON** | |
| **PATIENT NAME** | |
| **HEALTH CARD NUMBER** | |
| **PRODUCT NAME** | **DIN** |
| **DATE PRODUCT WAS DISPENSED** (Attach copy of original prescription) | **DATE OF REVERSAL** |
| **DATE PRODUCT WAS PURCHASED** (Attach copy of invoice) | **MANUFACTURER** |
| **LOT NUMBER** | **EXPIRY DATE** |
| **TOTAL AMOUNT CLAIMED ($)** | |

### DECLARATION

*I CERTIFY THAT: THE ABOVE PRESCRIPTION WAS FOR THE SOLE USE OF THE PATIENT NAMED ABOVE WHO IS ELIGIBLE FOR BENEFITS UNDER THE NOVA SCOTIA PHARMACARE PROGRAM; ALL REASONABLE ATTEMPTS HAVE BEEN MADE TO RETURN THIS PRODUCT TO THE POINT OF PURCHASE AND WERE UNSUCCESSFUL; AND THIS PRODUCT HAS NOT BEEN DISPENSED TO ANOTHER PATIENT.*

**X** ______________________________________________

### CLAIM REQUIREMENTS

Please attach

- A copy of the original prescription
- A copy of the invoice with date of purchase and AAC

Be advised that the only claims considered are those that cannot be returned to the point of purchase for credit. Requests for reimbursement will only be considered if submitted within six months of the date of service.

**Note**: If reimbursement is provided for an unreturnable injectable or ostomy supply but is dispensed to another patient, the provider must submit a request to the Pharmacare Office to make a bottom-line adjustment.

**If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026**

**Please Return Form To**: Nova Scotia Pharmacare Programs
P.O. Box 500, Halifax, NS B3J 2S1
Fax: (902) 468-9402

**06/2015**

NOVA SCOTIA