

PHARMACARE

CONFIRMATION OF AGREEMENT

Name of Provider _____ Provider No. _____

Address _____

Effective Date _____

This is to certify that the above provider accepts the terms and conditions of the tariff agreement for the Nova Scotia Pharmacare Programs, notwithstanding the provider's "Usual and Customary" charge level. This provider confirms that all claims will be submitted on the basis of drug cost of either the actual acquisition cost (AAC), the manufacturer list price (MLP) or the maximum allowable reimbursement level specified in the Reimbursement List.

My Usual and Customer charges to cash customers are:

Injectables (except insulin) _____

Compounded Prescriptions (except methadone & injectables) _____

Ostomy Supplies _____

All Other Prescriptions _____

I certify that the foregoing represents an accurate statement of the Usual and Customary charges in effect for the above provider. I understand that Usual and Customary charges mean charges made to customers who pay cash. I agree to permit an examination by the Nova Scotia Department of Health or its designated agent of those provider records deemed necessary by the Department of Health to verify the accuracy of this declaration.

Signed this _____ day of _____ 20 _____

Authorized Signature

Title