

NOVA SCOTIA SENIORS' PHARMACARE PROGRAM

P.O. BOX 9322 HALIFAX, N.S., B3K 6A1 TELEPHONE 429-6565 or 1-800-544-6191 FAX (902)468-9402

COPAYMENT OPTIONS FORM

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The Nova Scotia Seniors' Pharmacare Program provides two ways of remitting the Program's annual copayment maximum amount. Please indicate which option you prefer by checking **one** of the boxes below.

Option 1 - Per Prescription

I would prefer to pay a 30% copayment per prescription at the pharmacy.

Option 2 – Direct Copayment Maximum

I would prefer to remit the maximum annual copayment directly to the Seniors' Pharmacare Program.

I understand that:

- a) The Direct Copayment Maximum amount must be submitted to the Seniors' Pharmacare Program using the same payment method and frequency used to remit my premium. If I do not currently pay a premium I will be sent an invoice that provides me with the payment options.
 - b) There will be no reimbursement of the amount paid if I do not reach the maximum annual copayment amount.
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I understand that:

- a) The copayment option I choose cannot be changed until the program renewal period in April of each year.
 - b) The option can only be changed during renewal for a future Pharmacare coverage period by filling out a new Copayment Options Form.
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SIGNATURE

Name: (please print) _____ Health Card Number: _____

Signature: _____ Date: _____

For More Information

If you have questions, call 429-6565 or 1-800-544-6191 and have your Nova Scotia Health Card number ready when you call.