BRITISH COLUMBIA | Ministry of Health

First Nations Health Authority
Health through wellness

PHARMACARE

FIRST NATIONS HEALTH BENEFITS OUT-OF-PROVINCE CLAIM

INSTRUCTIONS

- Please attach all your official pharmacy receipts (provided by your pharmacy with each prescription purchased) to the back of this claim form. Include those that may have been sent to a private health insurer. If you have too many receipts to attach to one form, use additional blank forms.
- If you have receipts for more than one calendar year, submit a separate form for each year.
- Submit only original receipts. Statements from private health insurers, photocopies, cancelled cheques, or till receipts are not acceptable.
- Do not overlap receipts, or cover any information on the receipts, when applying them to the back of this claim form.
- Complete all areas of the claim form in full, and sign and date the form. Unsigned or illegible forms will be returned without processing or reimbursement.
- Your claim form and receipts will be returned to you when processing is complete.
- If you have questions about this form or out-of-province claims, please phone the First Nations Health Authority (FNHA) at 1-855-550-5454. Please have your Personal Health Number (PHN) and status number available.

Claims must be filed before March 31st of the year immediately following purchase.

YEAR ITEMS PURCHASED: ____

Submit to: HEALTH INSURANCE BC, PO BOX 9684 STN PROV GOVT, VICTORIA, BC V8W 9P7

BENEFICIARY INFORMATION

Last Name (as it appears on BC Services Card)	First Name (as it appears on BC Services Card)	Initial

Personal Health Number (PHN)	Birthdate (yyyy/mm/dd)	
		Note: Cheques will be issued to the beneficiary.

MAILING INFORMATION - TEMPORARY ADDRESS

If you are travelling and need your cheque mailed to a temporary address, please complete this section.
Otherwise, **please ensure that FNHA has your correct address**, as cheques will be mailed to the address on file.

Street Address		
City	Province	Postal Code

CERTIFICATION AND AUTHORIZATION

I hereby certify that the information given in this application for reimbursement, and in any documentation attached or forming part of the claim, is true and correct, and reimbursement is being claimed on allowable drugs and other items prescribed for my use and purchased at my expense during the calendar year. I authorize the Minister of Health to disclose information relating to this claim to the First Nations Health Authority or a health care provider, for the purposes of administering payment and facilitating my health care. I understand my information will be collected, used and disclosed in accordance with the British Columbia *Pharmaceutical Services Act* and *Freedom of Information and Protection of Privacy Act*. I agree that if the need for the drug or other items to which this claim relates arose from an injury, illness or other condition alleged to have been caused by an act or omission of another person, and I become entitled to a court award for damages or compensation under a settlement or insurance plan as a result of the allegations, I must repay the reimbursed amounts to PharmaCare. I certify that I have not already been reimbursed for the items claimed in this application through any other insurance, settlement, or award.

Date (yyyy/mm/dd) ____

_____

Signature of beneficiary or beneficiary's agent

Personal information on this form is collected by the Ministry of Health under s.22 of the *Pharmaceutical Services Act* and will be collected for the purpose of determining eligibility for out-of-province First Nations Health Benefits through PharmaCare's Plan W. Personal information will be released to PharmaCare and to the First Nations Health Authority for the provision of drug benefits. If you have any questions about the collection of personal information on this form, contact the Health Insurance BC (HIBC) Chief Privacy Officer at PO Box 9035 STN Prov Govt, Victoria BC V8W 9E3; or call 604 683-7151 (Vancouver) or 1 800 663-7100 (toll free). This information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Pharmaceutical Services Act*.

HLTH 5480 2021/10/19

Save Print Clear Form