



APPLICATION FOR PHARMACARE RURAL INCENTIVE PROGRAM

PHARMACY INFORMATION

Form with fields: Pharmacy Name, Name of Pharmacy Owner / Manager, PharmaCare Pharmacy Code, Pharmacy Address, Type of Pharmacy (Community Pharmacy, Health Authority Owned Hospital Pharmacy, Other (specify):)

REQUEST FOR CONFIRMATION OF ELIGIBILITY

Text area for eligibility confirmation with bullet points and signature/date lines.

Important: If the number of claims fully or partially reimbursed by PharmaCare exceeds 1700 in a specific month, the pharmacy will not be eligible for Rural Incentive Program subsidies for that month.

MAIL, FAX OR EMAIL TO:

PharmaCare Information, Policy & Evaluation
Medical Beneficiary and Pharmaceutical Services Branch
Ministry of Health
PO Box 9652
STN PROV GOVT
Victoria, BC V8W 9P4

Fax: 250 952-2790
Email: pharma@gov.bc.ca