



The MDPO allows you to pay your deductible in equal payments each month. You must be registered for Fair PharmaCare to apply (gov.bc.ca/fairpharmacare). Once enrolled in the MDPO, you receive help from Fair PharmaCare right away, as if you've met your deductible.

If your family's annual net income is over \$30,000, and you expect to meet your deductible in prescription costs in 2026, and you do not have private health insurance with a drug benefit plan, complete this form to enrol. Learn about the MDPO and eligibility requirements at www.gov.bc.ca/deductiblehelp

Check each box to confirm each statement and complete all fields.

Please check each box to confirm that you are a Fair PharmaCare account registrant, and that you have read and understand each statement.

- I am enrolled in Fair PharmaCare and my registration is complete. (If unsure, you can check your status at: https://my.gov.bc.ca/fpcare/registration-status/request-status)
I do not have private health insurance with a drug plan.
I expect to meet my deductible in prescription costs in 2026.
I understand that by signing this form I agree to pay my Fair PharmaCare annual deductible in equal monthly installments.
I understand that if I fail to pay the required monthly amounts, intentionally or unintentionally, PharmaCare will cancel my enrolment in the monthly deductible payment option.
I allow the Ministry of Health and Health Insurance BC to release information about my PharmaCare coverage to the Ministry of Finance/Revenue Services of British Columbia. The information released will be used solely to administer billing and payments on my monthly deductible payment option account.

Full Name
Current Street Address
City and Province Postal Code
Fair PharmaCare Registration Number (if available) Registrant's Personal Health Number - Required (back of BC Services Card)

Signature of Fair PharmaCare Registrant (must be hand-signed)

Date Signed (YYYY / MM / DD)

Signature box

Date box

Mail form to: Fair PharmaCare, PO Box 9685 Stn Prov Govt, Victoria, BC V8W 9P7 or fax to 250-405-3598.

If you can't print and/or fax the form, a ServiceBC office can assist. Your community pharmacy may also help fax it for you.

Your personal information on this form is collected under the authority of s.22 of the Pharmaceutical Services Act to determine, verify and administer the monthly deductible payment option (MDPO) for your family's Fair PharmaCare coverage. If you have questions about the collection of personal information on this form, contact the 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). The information is collected, used, and disclosed in accordance with the Freedom of Information and Protection of Privacy Act (FOIPPA).