



APPLICATION FOR PHARMACARE RURAL INCENTIVE PROGRAM

PHARMACY INFORMATION

Pharmacy Name	
Name of Pharmacy Owner / Manager	PharmaCare Pharmacy Code
Pharmacy Address	
Type of Pharmacy <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> Health Authority Owned Hospital Pharmacy <input type="checkbox"/> Other (specify):	

REQUEST FOR CONFIRMATION OF ELIGIBILITY

I believe my pharmacy meets the eligibility criteria for a Rural Incentive Program Subsidy:

- It is the only pharmacy in the community,
- The next nearest pharmacy is at least 25 km away, and
- The number of PharmaCare claims submitted each month is/may be less than 1700

I understand that the ministry will confirm my pharmacy's initial eligibility for the program. I also understand that subsidies will be discontinued if circumstances change and the ministry determines my pharmacy no longer meets the criteria for the Rural Incentive Program.

Signature of Pharmacy Owner/Manager *Date*

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
 Pharmaceutical Services Division
 Ministry of Health
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