

PHARMACY INFORMATION

Pharmacy Name	
Name of Pharmacy Owner / Manager	Pharmacy Site ID
Pharmacy Address	

REQUEST FOR CONFIRMATION OF ELIGIBILITY

I believe my community 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 or requires paid ferry travel to access it, and
- The number of PharmaCare claims submitted each month is/may be less than 1700.
- Telepharmacies that receive operational subsidies from a health authority are not eligible for the program.

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 Policy, Legislation & Engagement Pharmaceutical, Laboratory & Blood Services Division Ministry of Health PO Box 9652 STN PROV GOVT Victoria, BC V8W 9P4 Fax: 250 952-2790 Email: pharma@gov.bc.ca

Personal information on this form is collected by the Ministry of Health under s.22 of the *Pharmaceutical Services Act* for the purpose of determining eligibility for enrolment in PharmaCare's Rural Incentive Program.

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 collected, used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Pharmaceutical Services Act*.