

What you need to know about...

PharmaCare Prosthetic Benefits: Invoice

(Health Form #5403)

General Instructions

- Please complete a *PharmaCare Orthotic Benefits Invoice* for all manual claims submitted by the health care provider or a patient.
- Each invoice must be assigned a unique invoice number.
- Page 2 of a PharmaCare approved *Prosthetic Benefits - Application for Financial Assistance* form or the *Prosthetic Benefits (Non-Limb) – Application for Financial Assistance* form must be attached to the invoice for all claims of \$400 or more.

Send completed and signed invoices with supporting documentation to:

Health Insurance British Columbia, PharmaNet Help Desk

Fax: **250 405-3587**

Mail: PharmaCare
PO Box 9655 Stn Prov Govt
Victoria BC V8W 9P2

Note: Any notes written outside the boxes on the invoice may not be visible when faxed.

Field-by-Field Instructions

Patient Information

Patient Name	Patient's name as shown on his or her CareCard.
Birth Date	Patient's full birth date (in YYYY/MM/DD format). YYYY = the year that the person was born; MM = the two digits for the month they were born (e.g., 01 = January); and DD = the two digits for the day they were born.
Personal Health (CareCard) Number	Patient's Personal Health Number from their CareCard.
Date Dispensed	Date the prosthesis was dispensed or the service was provided to the patient.
Payment	Indicate here if the payment should be made to the patient rather than the health care provider. Note: All payments to be made to the patient must include a copy of the health care provider invoice marked PAID .

Health Care Provider Information

Facility	Name of the prosthetic facility requesting the funding OR that provided the prosthesis/service to the patient.
Pharmacy Equivalency Code	Your facility's 10-digit pharmacy equivalency code (PEC) (e.g., BC00000A01).
Contact Telephone Number	Facility telephone number at which a person can be reached if there are any questions related to the invoice.
Referring Physician	Enter the full name of the referring physician for this claim.
MSP Number	Enter the referring physician's Medical Services Plan (MSP) number. Note: If you do not know the physician's MSP number, please ensure that the referring physician's full name is included for reference.

Detailed Information

Please check the box if you supplied the exact parts or service as listed on the *Prosthetic Benefits - Application for Financial Assistance ("Application")*. Also, enter the date of the *Application* so that the approval may be matched with the invoice. In these cases, you will not be required to complete the details in the box below.

Note: If all the details are contained on the work order that was approved with *Application*, please provide a copy of that work order.

If **any changes** were made to what was supplied, you need to **itemize all the details** of what was supplied on the invoice.

Please provide details of the prosthesis including information regarding each procedure, component or service being claimed. The information provided on the invoice should reflect what was supplied to the patient, and should be similar to the information requested in the *Detailed Information* section of the *Application*.

All PharmaCare costs requested for each claim should be based on approved pricing, and should not exceed the pre-approved amount for this patient. Any changes from the approved *Application* must result in a claim of the same or a lesser amount than the original pre-approved amount. Any changes resulting in an increased claim amount should be resubmitted on a new *Application* for PharmaCare's pre-approval prior to dispensing and making a claim.

Enter the correct Product Information Number (PIN) for the prosthesis dispensed or the service provided, and the total PharmaCare claim amount. You may make a claim for up to two separate pre-approved Product Identification Numbers (PINs) on each invoice.

Patient/Agent Certification

Only the patient should sign and date this form. An agent may sign on behalf of a patient who is a minor, or for a patient who is not capable of signing on their own. This is important because the patient, or agent, is certifying that:

- they have received the good(s) or service(s) described on the invoice;
- the health care provider has explained the 90-day warranty, and the proper care and maintenance of the product to them;
- they are responsible for any outstanding balances;
- they understand that they are **not entitled to another device for at least three years**; and
- they understand that they are liable to the Minister of Finance for the cost of any benefits that PharmaCare paid on their behalf that they were not entitled to receive.

Health Care Professional Certification

This invoice will be used by all prosthetic health care professionals; therefore, the form should be signed by the appropriate health care professional approved to supply the prosthesis (e.g., for a limb prosthesis a certified prosthetist; for an ocular prosthesis, a NEBO licensed ocularist; for a breast prosthesis, a certified mastectomy fitter).

This form is to be signed and dated by the certified prosthetist or other approved health care professional who supplied the good(s) or service(s). By signing, the health care professional confirms that:

- the information they have provided is true and correct, to the best of their knowledge; and
- they have explained the invoice to the patient, including the 90-day health care provider warranty and the general care and maintenance of the prosthesis.