

Health PEI

Home Oxygen Program Application Form

The PEI Home Oxygen Program provides approved patients with financial assistance of up to 50% of their approved home oxygen expenses to a maximum of \$200 per month.

Approved expenses are limited to:

- Oxygen concentrator rental, purchase, or maintenance
- Nasal cannula - maximum one per month
- Oxygen tubing - maximum one per month
- Humidifier bottle - maximum one per month
- Size "E" or larger oxygen cylinder, cylinder base, flow meter regulator, and refills - to be used for power or equipment failure
- Liquid oxygen and delivery equipment rental, purchase, or maintenance
- Portable oxygen cylinders with an oxygen conserving device - maximum 10 cylinders per month

Costs associated with damage to equipment or additional supplies are the responsibility of the client.

For most patients, your home oxygen supplier will bill the program directly for all eligible expenses. Patients who deal with a non-profit organization for supplies must submit an individual expense claim form and submit original receipts for approved equipment and supplies to the Program for reimbursement.

To apply for coverage, please complete Part I of the application, have your physician complete Part II, and mail or fax the completed application form to the address shown on the other side of the application. Coverage for new applicants is effective the date that all required information is received at the Home Oxygen Program office.

PART I - To be completed by the Applicant

Your Name (last name, first name, middle initial)		
Provincial Health Card Number:	Date of Birth:	
Mailing Address:	City or Town:	Postal Code:
Home Phone Number:	Work Phone Number:	
<input type="checkbox"/> I certify that the information that I have provided is accurate and that I meet the following program criteria established for the PEI Home Oxygen Program:		
<input type="checkbox"/> I am eligible for PEI Medicare;		
<input type="checkbox"/> I am <u>not eligible</u> to receive home oxygen therapy through any other provincial or federal government funded program, such as Social Assistance, Veterans Affairs, Non-Insured Health Benefits Program, or Workers Compensation Board;		
<input type="checkbox"/> There is no smoking allowed within my home or apartment; and		
<input type="checkbox"/> I have a physician willing to be responsible for my ongoing oxygen therapy.		
<input type="checkbox"/> I grant permission to PEI Pharmacare to confirm to my oxygen supplier(s) that I have been approved to the home oxygen program so the supplier may bill me directly for the period of this agreement.		
Personal information on this form is collected under section 31© of Prince Edward Island's Freedom of Information & Protection of Privacy (FOIPP) Act as it relates directly to and is necessary for providing services under the PEI Pharmacare. If you have any questions about this collection of personal information, you may contact the PEI Pharmacare office 902-368-4947 or toll free 1-877-577-3737.		
Signature:	Date:	

PART II - To be completed by a Physician

This is to confirm that the above named applicant meets the medical criteria for coverage by the PEI Home Oxygen Program (Please check the relevant boxes below):

- Chronic Hypoxemia confirmed with a minimum of 2 arterial blood gases performed at rest on room air (taken at 3-month intervals), and requiring oxygen therapy for at least 18 hours per day. *Initial approval will be based upon results of the first blood gas test with a final decision made once the second blood gas test is received.***

PLEASE CHECK BOX FOR RELEVANT SPECIFIC DIAGNOSIS BELOW

- Chronic Hypoxemia at rest with a PaO₂ ≤ 55 mmHg.**
- Chronic Hypoxemia at rest with a PaO₂ in the range of 56 to 59 mmHg and evidence of Cor Pulmonale** (Cor Pulmonale confirmed by P-pulmonale ECG pattern, increase in P-wave amplitude (> 2mm) in leads II, III, and AVF; jugular distension; hepatomegaly; peripheral edema).
- Chronic Hypoxemia at rest with a PaO₂ in the range of 56 to 59 mmHg and evidence of secondary polycythemia** (Secondary polycythemia confirmed by erythrocytosis with a haematocrit > 55%).
- Chronic Hypoxemia at rest with a PaO₂ in the range of 56 to 59 mmHg and evidence of pulmonary hypertension** (Pulmonary hypertension confirmed by evidence of pulmonary artery pressure or ultrasound indicating elevated pulmonary artery pressure).
- Palliative care with a minimum of 2 oximetry results showing a % saturation less than 85% and requiring oxygen therapy for at least 18 hours per day.**

Oximetry Result 1: _____ Oximetry Result 2: _____

- Nocturnal Desaturation with at least 5% of sleep time with an oxygen saturation at or below 85%** (Confirmed by polysomnography or a sleep screening study including continuous oxygen saturation, heart rate, and direct measurement of airflow. A diagnosis of obstructive sleep apnea or periodic breathing must be excluded).

Copies of relevant test results may be requested.

Physician's Name & Signature:
(PRINT NAME & SIGN)

Date:

To send completed applications or to obtain further information, please contact:

Home Oxygen Program PEI Pharmacare PO Box #2000, 16 Fitzroy Street Charlottetown, PE C1A 7N8	Telephone: 1-902-368-4947 Fax: 1-902-368-4905 Email: drugprograms@gov.pe.ca
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For Program Use Only

- Accepted for Coverage**
- Rejected for Coverage (state reason): _____**

Signature:

Date: