

SECTION 1 – PATIENT INFORMATION

PERSONAL HEALTH NUMBER (PHN)	PATIENT (FAMILY) NAME	PATIENT (GIVEN) NAME(S)
DATE OF BIRTH (YYYY/MM/DD)	PATIENT'S MAILING ADDRESS	

SECTION 2 – PRIVATE INSURANCE/COVERAGE

Do you have private insurance coverage for ostomy supplies with a private insurer?	<input type="checkbox"/> YES See section 2A.
	<input type="checkbox"/> NO See section 2B
If Yes, please provide the insurance company name:	
Terms of private insurance coverage (e.g. insurance pays 80% of ostomy supplies costs :	

SECTION 2A – PATIENTS WITH PRIVATE INSURANCE

If you answered Yes to the above section regarding private insurance, you or your pharmacy/home health care centre must submit your claim for ostomy supplies to your private insurer first.

Upon receipt of the benefits statement from your private insurer, you can apply for reimbursement from PEI Pharmacare. PEI Pharmacare requires the original or photocopy of pharmacy/home health care centre receipts AND photocopy of the explanation of benefits from your private insurer, clearly detailing what the insurer has paid for ostomy supplies. Forward your receipts and this form to the address below.

All claims must be received within 6 months of the date of service. Please make copies of original insurer explanation of benefits for your records as the original will not be returned if submitted.

Reimbursement from Health PEI may take 6-8 weeks.

SECTION 2B – PATIENTS WITHOUT PRIVATE INSURANCE

PEI Pharmacare require the original pharmacy/home health centre receipts, clearly detailing the ostomy supplies you have paid for and received. Forward your receipts and this form to the address below.

All claims must be received within 6 months of the date of service. Please make copies of original insurer explanation of benefits for your records as the original will not be returned if submitted.

Reimbursement from Health PEI may take 6-8 weeks.

SECTION 3-ELIGIBLE BENEFITS

Eligible benefits include

- Skin wafers
- Skin barrier wipes
- Ostomy pouches
- Stoma powders, pastes and barrier rings
- Adhesive removers
- Ostomy belts

Please forward all receipts and this form to:

**PEI Pharmacare
P.O. Box 2000
Charlottetown, PE
C1A 7N8
Attn: Manual Claims**

Personal information on this form is collected under section 31(c) 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 Pharmacare Drug Programs.

If you have any questions about this collection of personal information, you may contact the program office at 902-368-4947 or 1-877-577-3737.

SIGNATURE (REQUIRED) _____ **DATE** _____

JANUARY 2019