



First Nations Health Authority
Health through wellness

Fax Cover Sheet

FNHA Transitional Coverage Request Form

Effective January 1, 2019 to July 31, 2019

Date:		# of Pages (including cover sheet):	
To:	Pharmacy Team Lead	Fax #:	1-888-299-9222
Organization:	First Nations Health Authority (FNHA)	Phone #:	1-855-550-5454
Pharmacist Name: <i>Please print</i>		Fax #:	
Pharmacist Signature:		Phone #:	

Status #: (optional)	
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	I have confirmed that the client is a PharmaCare Plan W beneficiary.
	I have informed the client of the transitional coverage issue.
	I have contacted the client's prescriber or taken other steps to resolve the issue.

Comments

Please include a copy of the Official Prescription Receipt.

FNHA will reimburse pharmacists a \$10 service fee in addition to the drug cost and dispensing fee (up to PharmaCare maximum)