



**Fax Cover Sheet**  
**Transitional Payment Request Form**  
Effective September 16, 2019 to March 31, 2020

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

<b>Status #:</b>	
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<b>Comments:</b> <i>(please include reason for use of a payment request)</i>
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**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)