



**Fax Cover Sheet**  
**Transitional Payment Request Form**  
 Effective July 1, 2020 to December 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>Provider Name:</b> <i>Please print</i>		<b>Fax #:</b>	
<b>Provider Signature:</b>		<b>Phone #:</b>	

<b>Status #:</b>	
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<b>Comments: (please include reason for use of a payment request)</b> <input type="checkbox"/> COVID-19 related
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**Drug Benefits**

Please include a copy of the Official Prescription Receipt.

**Medical Supplies and Equipment Benefits**

Please include:

- copy of the itemized receipt or the official receipt, and
- copy of the prescription if applicable.

For wound care supplies, also include a copy of the Wound Care Assessment Form (see PBC Medical Supplies and Equipment Provider Forms) and the following information:

Description	DIN/PIN /Item Code	Quantity	Day Supply	Third Party Coverage	Total Expenses

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