



PHARMACY PROVIDER ACQUISITION COST REQUEST FORM

SECTION 1 – PHARMACY INFORMATION

PROVIDER NUMBER	PROVIDER PHONE NUMBER	
NAME OF PHARMACY		
ADDRESS		
CITY	PROVINCE	POSTAL CODE

SECTION 2 – CLAIM DETAILS

PLAN MEMBER'S GREEN SHIELD ID. NUMBER	DEP. NO. (ie. -00, 01)	SURNAME	FIRST NAME	DISPENSING DATE			DIN	RX NUMBER	NAME OF DRUG	QTY	GROSS AMOUNT (COST + FEE)
				Y	M	D					

ATTENTION PHARMACY:

YOU MUST COMPLETE THIS FORM BEFORE ANY ACQUISITION COST REQUEST WILL BE CONSIDERED. BEFORE COMPLETING THIS FORM AND SUBMITTING YOUR REQUEST, PLEASE REVIEW THE FOLLOWING INFORMATION ON OUR DRUG CLAIM SUBMISSION REIMBURSEMENT TO ENSURE YOUR REQUEST IS APPLICABLE. CLAIMS ARE PROCESSED AND PAID USING ONE OF THE FOLLOWING:

- THE PRICE PUBLISHED IN THE PROVINCIAL FORMULARY FOR DRUGS LISTED IN THE FORMULARY.
- FOR DRUGS AVAILABLE "DIRECT", GREEN SHIELD WILL REIMBURSE AT THE MANUFACTURER'S LISTED PRICE PLUS 10% (FOR DRUGS NOT LISTED IN THE RELEVANT PROVINCIAL FORMULARY).
- FOR DRUGS NOT AVAILABLE "DIRECT", GREEN SHIELD WILL REIMBURSE AT THE MANUFACTURER'S LISTED PRICE (TO WHOLESALERS) PLUS 12.5% (FOR DRUGS NOT LISTED IN THE RELEVANT PROVINCIAL FORMULARY).

Only in cases where the actual acquisition cost exceeds the price allowed by Green Shield Canada, will adjustments to meet your acquisition cost be considered (cost-to-operator claims). You must submit a copy of your invoice to substantiate your request.
If the price already paid by Green Shield is in excess of your acquisition cost, it is ineligible for a cost-to-operator adjustment.

SECTION 3 – AUTHORIZATION

SIGNATURE OF PHARMACIST	DATE
-------------------------	------

SECTION 4 – MAILING INSTRUCTIONS

PLEASE RETAIN COPIES FOR YOUR FILES AS CORRESPONDENCE PROVIDED WILL NOT BE RETURNED
ALL CLAIMS MUST BE SUBMITTED WITHIN 12 MONTHS OF THE DATE OF SERVICE (unless otherwise stated in benefit plan documentation).

PLEASE INDICATE ON MAILING ENVELOPE:
GREEN SHIELD CANADA
P.O. BOX 1652, WINDSOR, ONTARIO N9A 7G5
ATTENTION: DRUG DEPARTMENT

OR

FAX THIS FORM AND THE SUBSTANTIATING INVOICE TO GREEN SHIELD CANADA DRUG PRICING DEPARTMENT AT 1-519-739-6483 OR 1-866-797-6483.

CUSTOMER SERVICE CENTRE 1-888-711-1119 or (519) 739-1133
greenshield.ca