

PHARMACY PROVIDER ACQUISITION COST REQUEST FORM

SECTION 1 – PHARMACY INFORMATION												
PROVIDER NUMBER							PROVI	DER PHONE NUMBER				
NAME OF PHARMACY												
ADDRESS												
CITY PROVINCE								POSTAL CODE				
SECTION 2 - CLAIM DETAILS												
PLAN MEMBER'S GREEN SHIELD ID.			FIRST DISF				DIN	RX NUMBER	NAME OF DRUG	QTY	GROSS AMOUNT	
NUMBER	01)	CONTRACTOR	NAME	Υ	М	D	5	TOTHOMBER	MANIE OF BROO	α	(COST + FEE)	
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.												
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). <u>You must submit a copy of your invoice to substantiate your request.</u> 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 CANDA 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												