

## 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 ID	DEP. NO. (i.e00, SURNAME NAME DATE				DIN	RX NUMBER	NAME OF DRUG QTY GROSS AMOUNT (COST + FEE)				
ID	01)			Υ	М	D					,
ATTENTION PHAR	MACY:										
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 Insurance, 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 Canada Insurance is in excess of your acquisition cost, it is ineligible for a cost-to-operator adjustment.											
SECTION 3 – AUTHORIZATION											
OLOHON U - 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											
PLEASE INDICATE ON MAILING ENVELOPE:											
GREEN SHIELD CANADA INSURANCE P.O. BOX 1652, WINDSOR, ONTARIO N9A 7G5 ATTENTION: DRUG DEPARTMENT											
OR  FAX THIS FORM AND THE SURSTANTIATING INVOICE TO GREEN SHIFLD CANADA INSURANCE DRUG PRICING DEPARTMENT AT 1 519 739 .6483 OR 1 866 797 6483											
FAX THIS FORM AND THE SUBSTANTIATING INVOICE TO GREEN SHIELD CANADA INSURANCE DRUG PRICING DEPARTMENT AT 1.519.7396483 OR 1.866.797.6483.  CUSTOMER SERVICE CENTRE 1.888.711.1119 or 519.739.1133  greenshield.ca											