



Fax Cover Sheet
Transitional Payment Request Form
 Valid until Nov. 30, 2025

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

Status #:	
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Comments: (please include reason for use of a payment request) <input type="checkbox"/> BC PharmaCare Biosimilar Transition

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). Pharmacists should address coverage issue before a subsequent fill is needed.