First Nations Health Authority
Health through wellness

Fax Cover Sheet
Transitional Payment Request Form
Valid until Nov. 30, 2027

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: *Please print*		**Fax #:**	
Provider Signature:		**Phone #:**	

Status #:	

Comments: ***(please include reason for use of a payment request)***

☐ BC PharmaCare Biosimilar Transition

☐ Health Continuity during emergencies (e.g. wildfire, floods

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.