



**NON-INSURED HEALTH BENEFITS
PHARMACY CLAIM**

Section 1: Beneficiary Information

First Name:		Last Name:		N Number:	
Date of Birth:		MCP #:	Physician:		

Section 2: Pharmacy Information

Pharmacy ID:	Pharmacy Name:
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Section 3: Prescription Claim Details - Please attach prescription receipt when submitting

Fill Date:		Current RX:			Number of Refills:		
DIN	Qty.	Days	Drug Cost	Prev. Paid	Prof. Fee	Comp Fee	Total Amount Claimed

Submit Form to:

Nunatsiavut Government
Dept. of Health and Social Development
P.O. Box 496, Stn. C
Happy Valley-Goose Bay, NL A0P 1C0

Phone: 1-709-896-9750 | **Toll Free:** 1-866-606-9750 | **Fax:** 1-709-896-9670