

PEI PHARMACARE OUT OF PROVINCE TRAVEL DECLARATION

Name:	Days' Supply Needed (max. 180 days)
Personal Health Number ("PHN")	Note: Your pharmacist cannot determine the days' supply that is eligible for Pharmacare coverage. Please request only the days' supply needed for your travel.

I, _____, of _____,
(print full name of Declarant) *(insert full address of Declarant)*

Province of Prince Edward Island, Canada, **hereby declare that:**

- 1) I am a Beneficiary registered in the PEI Pharmacare Seniors Drug Program, Diabetes Drug Program, Generic Drug Program or Catastrophic Drug Program;
- 2) I will be travelling outside of Prince Edward Island between the dates of _____ and _____ (inclusive), and have informed the PEI Medicare Office of my intent to be out of Prince Edward Island for this time period; and
- 3) I request that my eligible prescription(s) be filled according to the PEI Pharmacare Out of Province Vacation Supply Policy at a PEI community pharmacy.

IN making this declaration, I confirm that I understand that:

- Narcotics, Controlled Drugs, Benzodiazepines and any medications classified as High Cost Prescription Drugs are **not eligible** for vacation supply under the PEI Pharmacare Out of Province Vacation Supply Policy;
- Actual coverage is subject to the usual rules of the PEI Pharmacare Drug Program in which I am registered as an eligible Beneficiary;
- If I choose to purchase a supply that exceeds the PEI Pharmacare Drug Programs' maximum days' supply limit (180 days), only the maximum days' supply will be eligible for coverage under the PEI Pharmacare Drug Programs;
- I am fully and solely responsible for the medications I am provided for the purposes of my travel outside of Prince Edward Island, and that PEI Pharmacare will not be responsible for any lost, stolen or damaged medication that I am provided; and

- Prescriptions or medications filled at a community pharmacy not located in PEI are not eligible for Pharmacare coverage or reimbursement.
- If any of the information that I provide in this Declaration is found to be false or misleading, I may be barred from eligibility for benefits under any of the PEI Pharmacare Drug Programs, at the sole discretion of Health PEI, and may be subject to such other legal sanctions as may be available in the circumstances.

I make this declaration believing it to be correct and true to the best of my belief and knowledge.

SIGNATURE OF DECLARANT (REQUIRED)

DATE

Personal Information/Personal Health Information on this form is collected under section 31(c) of Prince Edward Island's *Freedom of Information and Protection of Privacy Act*, and/or section 21 of Prince Edward Island's *Health Information Act*, as it relates directly to and is necessary for determining eligibility for benefits under the PEI Pharmacare Program.

If you have any questions about this collection of Personal Information/Personal Health Information, you may contact the PEI Pharmacare Program office at 902-368-4947 (Toll Free 1-877-577-3737), or at 16 Fitzroy Street, Sullivan Building, Charlottetown, PE.