

Schedule "B" to contract between the Government of Prince Edward Island, as represented by the Minister of Health and Wellness, and the Prince Edward Island Pharmacists Association, dated the _____ day of _____, 2023 (the "Contract").

Participating Pharmacy Agreement

Name of Provider: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Email: _____

The definitions contained in the Contract shall apply to this Agreement unless specifically stated otherwise herein.

In consideration of the Minister of Health and Wellness authorizing the above-named Provider to deliver pharmaceutical services as contained in the Contract in support of Prince Edward Island Public Drug Programs:

_____ hereby agree as follows:
[Print name of Provider Owner/ Permit Holder / Licensee]

1. To abide by the terms and conditions of the Contract between the Government of Prince Edward Island and the PEI Pharmacists Association for the delivery of P.E.I. Public Drug Programs.
2. To abide by the policies and procedures for the submission and adjudication of claims using the Integrated Claims System.
3. To maintain the confidentiality of all information related to participants of the Programs including their medication or other therapies.
4. To provide a minimum of ninety (90) days prior written notice of intention to withdraw from participation in the delivery of Programs to the Minister and to the Manager of PEI Pharmacare.
5. The following represents an accurate statement of the usual and customary charges in effect as of

_____ for the above-named Provider:

Regular Prescription products _____

Compounded Prescriptions

6. To notify the Provincial Pharmacare Division of any changes to the usual and customary charge in effect in the above-named Provider.

Signature of Provider Owner/Permit Holder / Licensee Date

Please return completed form
to:

PEI Pharmacare Division
Attention: Manager Pharmacy Services
P.O. Box 2000
Charlottetown PECIA 7N8

Fax: 902-368-4905