

# COVID-19 ORAL ANTIVIRAL DRUG CLAIM FORM – CLIENT WITHOUT A MANITOBA HEALTH PHIN



Health  
300 Carlton St., Winnipeg MB R3B 3M9  
(204) 786-8000 / 1-800-663-7774  
Fax: (204) 786-6634

Use only when dispensing COVID-19 oral antiviral drugs to a client who does **NOT** have a Manitoba Health Personal Health Identification Number (PHIN).

If the client has a PHIN, the claim **MUST** be entered into DPIN to ensure drug utilization review.

Pharmacy No: **P**

## THIS ENTIRE SECTION MUST BE COMPLETED

### CLIENT INFORMATION

PHIN	Surname	Given Name	Initials
<b>NO PHIN</b>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Health Card No. (if available) <input style="width: 100%;" type="text"/>	Health Card Place of Issuance (if available) <input style="width: 100%;" type="text"/>	Date of Birth <input style="width: 100%;" type="text" value="yyyy mm dd"/>
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Address (house/apartment/unit number and street, city/town, province, postal code)

### PRESCRIPTION INFORMATION

Prescription Date <input style="width: 100%;" type="text" value="yyyy mm dd"/>	Prescription No. <input style="width: 100%;" type="text"/>	DIN / PIN <input style="width: 100%;" type="text"/>
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Prescriber ID # <input style="width: 100%;" type="text"/>	Pharmacist ID # <input style="width: 100%;" type="text"/>
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Drug Cost <input style="width: 100%;" type="text" value="\$0"/>	+	Professional Fee* <input style="width: 100%;" type="text"/>	=	Total Cost <input style="width: 100%;" type="text"/>
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\*Professional Fee as per approval letter from Manitoba Health in response to Expression of Interest for COVID-19 Oral Antiviral Drug Provision

**PAYMENT TO: Pharmacy**

\_\_\_\_\_  
Pharmacist's Signature \_\_\_\_\_  
Date

### **TO: PHARMACIST**

Incomplete – We are unable to process this request for the following reason:

- Missing information – see highlighted areas
- Incorrect information – see highlighted areas, please check and correct if applicable
- Other: \_\_\_\_\_

Please complete and return to: \_\_\_\_\_

Audit: \_\_\_\_\_

DPIN: \_\_\_\_\_