



# BIGSTONE HEALTH BENEFITS PHARMACY MANUAL CLAIM

Resubmission

## Client Information

Surname  Client Identification No.

Given Name(s)  Band No.  Family No.

Date of Birth  Client Signature: \_\_\_\_\_

## Claim Information

	Date of Service	Days Supply	DIN/Item Code	Prescription No.
<b>1.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Quantity <input type="text"/>	Item Cost <input type="text"/>	Dispensing Fee <input type="text"/>	Mark Up <input type="text"/>
				Third Party Share <input type="text"/>
				Amount Claim <input type="text"/>
<b>2.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Quantity <input type="text"/>	Item Cost <input type="text"/>	Dispensing Fee <input type="text"/>	Mark Up <input type="text"/>
				Third Party Share <input type="text"/>
				Amount Claim <input type="text"/>
<b>3.</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Quantity <input type="text"/>	Item Cost <input type="text"/>	Dispensing Fee <input type="text"/>	Mark Up <input type="text"/>
				Third Party Share <input type="text"/>
				Amount Claim <input type="text"/>

Date of the Dispense must be after the prior approval date or between the start and end date of the prior approval date

	Prescriber	License No.
<b>1.</b>	<input type="text"/>	<input type="text"/>
<b>2.</b>	<input type="text"/>	<input type="text"/>
<b>3.</b>	<input type="text"/>	<input type="text"/>

**Total:**

Prior Approval No. if Item requires a P/A no.

Provider Name and Address

Bigstone Provider No. \_\_\_\_\_

If Client is under 18 months of age and is not registered, please provide the parent's information

	Surname	Client Identification No.
	<input type="text"/>	<input type="text"/>
	Given Name(s) <input type="text"/>	<input type="text"/>
	Date of Birth <input type="text"/>	

**Fill in the Section  
OR  
These 2 Sections**

**Original Along With Prescription Receipts Must Be Mailed to the Address Below**

Bigstone Health Benefits - Pharmacy  
16310 100 Avenue  
Edmonton, AB T5P 4X5  
Please make a copy for your records