



BIGSTONE HEALTH BENEFITS PHARMACY MANUAL REVERSAL

Resubmission

Client Information

Surname Client Identification No.

Given Name(s) Band No. Family No.

Date of Birth Client Signature: _____

Claim Information

1.	Date of Service <input type="text"/>	Days Supply <input type="text"/>	DIN/Item Code <input type="text"/>	Prescription No. <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"/>

2.	Date of Service <input type="text"/>	Days Supply <input type="text"/>	DIN/Item Code <input type="text"/>	Prescription No. <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"/>

3.	Date of Service <input type="text"/>	Days Supply <input type="text"/>	DIN/Item Code <input type="text"/>	Prescription No. <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

Total:

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

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

<input type="text"/>
<input type="text"/>
<input type="text"/>

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 <input type="text"/>	Fill in the Section OR These 2 Sections	Client Identification No. <input type="text"/>
Given Name(s) <input type="text"/>		<input type="text"/>
Date of Birth <input type="text"/>		<input type="text"/>

Original Along With Prescription Receipts Must Be Forwarded to Address Below

Bigstone Health Benefits - Pharmacy

16310 100 Avenue

Edmonton AB T5P 4X5

Or faxed to: 780-444-6521