Newfoundland & Labrador
Centre for Health Information

APPLICATION FOR PHARMACY NETWORK REIMBURSEMENT

A reimbursement in the amount of $6,000 will be issued to pharmacy owners once connection to the Pharmacy Network is established.

PLEASE FILL IN THE REQUIRED INFORMATION BELOW:

Date of application: _____

Name of pharmacy: _____

Address of pharmacy: _____

_____

Corporate name for reimbursement
(if different from pharmacy name): _____

Corporate address for reimbursement
(if different from pharmacy address): _____

_____

Signature of signing officer: _____

Name of signing officer (please print): _____

Please fax or mail completed and signed form to:
Pharmacy Network Program
NL Centre for Health Information
70 O'Leary Ave St. John's NL A1B 2C7
Fax: (877) 272-6029

Please allow 4 to 6 weeks for processing and receipt of payment.

FOR NLCHI OFFICE USE ONLY

Date of pharmacy connection confirmation: _____

Signature: _____