

Mailing Address  
Alberta Health and Wellness  
PO Box 1360 Stn Main  
Edmonton AB T5J 2N3

In Person  
To locate the office nearest you,  
please telephone our office or  
visit our website.

Telephone  
780-427-1432 Edmonton  
Toll-free within Alberta at  
310-0000 then 780-427-1432

Fax 780-422-0102  
Website  
www.health.alberta.ca

Before completing this application, please read the information provided on the back of this form.  
**All sections must be completed.** The application will be returned if information is omitted.

To ensure this application reaches us as quickly as possible, please fax it to: 780-415-1704 or 780-422-0102.  
You can also return it by mail.

<b>Applicant's personal information (Please print)</b>				Personal health number			
Last name				First name			
Middle name		Date of birth Y   Y   Y   Y   M   M   D   D		Male/Female		Telephone	
Mailing address							
City/Town				Province/Territory		Postal code	
Patient/Parent/Guardian/Legal representative's signature						Date	
If the patient did not sign above, please provide the following information: I am the patient's: <input type="checkbox"/> parent (if patient is under 18) <input type="checkbox"/> guardian <input type="checkbox"/> legal representative						Telephone	
Patient/Parent/Guardian/Legal representative's last name (Please print)				First name		Middle name	

**This part to be completed by the attending physician or nurse practitioner**

Is this the first time the patient has been enrolled in the Alberta Blue Cross Palliative Care Drug Coverage program, or is this an extension of coverage?  New  Extension

If this is an extension, please refer to section 3 on the back, 'How long will coverage with the Alberta Blue Cross Palliative Care Drug Coverage program continue?'

I confirm that the above-named applicant satisfies the eligibility requirements of the Alberta Blue Cross Palliative Care Drug Coverage program as defined in points 1(b) through 1(e) on the reverse, starting: Y | Y | Y | Y | M | M | D | D

By signing this application I represent that:

- I have reviewed the patient's diagnostic, treatment and care information and I confirm that the patient is in the end-stage of a diagnosed terminal illness/disease which is expected to be the primary cause of death within three months or less.
- I am a member in good standing with the College of Physicians and Surgeons of Alberta or the College and Association of Registered Nurses of Alberta and competent to provide this confirmation.

**I agree that the information in this section may be collected and used by Alberta Health and Wellness for enrolment in the Alberta Blue Cross Palliative Care Drug Coverage program.**

Attending physician's name (Please print)				Practitioner ID			
Attending nurse practitioner's name (Please print)				Practitioner ID			
Business mailing address							
City/Town				Province/Territory		Postal code	
Signature of attending physician or nurse practitioner			Date		Office telephone number		Office fax number

**Note to attending physician or nurse practitioner:** Alberta Health and Wellness will contact you regarding extending coverage for your patient (see section 3 on back). To do this, we must record your Practitioner ID when the application is received. Therefore, it is important that you provide your Practitioner ID where requested.

## **Before completing this application, please read the following information:**

### **1. Who is eligible for coverage under the Alberta Blue Cross Palliative Care Drug Coverage program?**

The following individuals are eligible, if they are residents of Alberta who:

- a) are currently registered with the Alberta Health Care Insurance Plan (AHCIP) and have not opted out of the Plan;
- b) are not receiving publicly funded drugs as part of the care they are receiving, (for example: as part of their care in acute care hospitals, long-term care facilities and psychiatric hospitals);
- c) are in the end-stage of a diagnosed terminal illness/disease which is expected to be the primary cause of death within three months or less;
- d) are aware of their diagnosis and prognosis; and
- e) have made a voluntary informed decision related to resuscitation, and where the focus of care is palliation and not treatment aimed at cure.

**Note:** Unlike Alberta Blue Cross Non-Group coverage, where everyone on the AHCIP account is covered, only the palliative patient has coverage through this program. Other family members are not eligible for coverage with the Alberta Blue Cross Palliative Care Drug Coverage program.

### **2. When will coverage for the Alberta Blue Cross Palliative Care Drug Coverage program become effective?**

The attending physician or nurse practitioner assigns the effective date, subject to the following stipulations:

- a) The patient must not be a resident in any of the facilities referenced in section 1b) above, at the time of the requested effective date.
- b) The effective date must not be more than 30 days prior to the date Alberta Health and Wellness receives the application.
- c) New residents are not eligible for the Alberta Blue Cross Palliative Care Drug Coverage program until coverage with the AHCIP is in effect.

### **3. How long will coverage under the Alberta Blue Cross Palliative Care Drug Coverage program continue?**

Coverage will continue for as long as the patient is eligible for the program. Eligibility for the program must be re-confirmed every six months. To ensure the patient continues to meet the eligibility requirements and receives uninterrupted coverage, Alberta Health and Wellness will write to the physician or nurse practitioner to inquire if continued coverage is required. The letter will include a section for the physician or nurse practitioner to complete, similar to the section on this application. This process will be repeated within five months of each period of renewal.

### **4. What will this coverage cost the patient?**

Coverage with the Alberta Blue Cross Palliative Care Drug Coverage program is premium-free. The patient is responsible for 30 per cent of the cost of the drugs to a maximum cost of \$25 per prescription. The maximum amount the patient pays out of pocket is \$1,000.

### **5. What benefits are covered?**

Information on the program and benefits provided are described in the Alberta Blue Cross Palliative Care Drug Coverage program brochure. To request the brochure call Alberta Health and Wellness at 780-427-1432 from the Edmonton area, or toll-free from elsewhere in the province by dialing 310-0000, then 780-427-1432 when prompted. It is also available on-line at [www.health.alberta.ca](http://www.health.alberta.ca).

Please feel free to copy this application as needed.

The information on this application is being collected by Alberta Health and Wellness pursuant to section 20(b) of the *Health Information Act* for the sole purpose of determining or verifying eligibility for the Alberta Blue Cross Palliative Care Drug Coverage program. If you have any questions regarding the collection of this information, please contact an Alberta Health and Wellness representative at the address or the telephone numbers provided on the front of this application.