Plan Administration Office Address
45 McIntosh Drive
Markham, ON L3R 8C7
Phone: 1-800-668-7547 Fax: 1-905-946-2535
E-Mail: medical@boilermakersbenefits.ca

PRESCRIPTION DRUG SPECIAL AUTHORIZATION FORM

BOILERMAKERS' NATIONAL HEALTH PLAN (CANADA)

All Claims must be submitted within 12 months of the date of service. The cost, if any, of obtaining this information is at the expense of the Patient/Plan Member.

PATIENT INFORMATION

BOILERMAKERS' BENEFIT CARD ID NUMBER	MEMBER'S NAME	MEMBER'S SOCIAL INSURANCE NUMBER	
MEMBER'S DATE OF BIRTH	MEMBER'S E-MAIL ADDRESS		
LAST NAME OF PATIENT	FIRST NAME OF PATIENT	MEMBER'S TELEPHONE NUMBER	
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

I hereby authorize any licensed physician/dentist, medical practitioner, hospital, clinic or medically related facility, to give to the Boilermakers' National Benefit Plans (Canada) information regarding my health. I hereby authorize the Boilermakers' National Benefit Plans (Canada) to exchange information with other parties as required, only when the information is needed to administer this benefit and/or to confirm the accuracy of this information.

Date: _____ Signature of Patient: _____
(If under 16 years of age, the signature of the Plan Member is required)

PHYSICIAN INFORMATION

PHYSICIAN NAME	PHYSICIAN SIGNATURE	SPECIALITY	DATE (D/M/YR)
STREET ADDRESS	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
			FAX NUMBER

DRUG REQUESTED FOR EVALUATION

PRODUCT NAME/STRENGTH/DOSE/DURATION OF TREATMENT:

_____

_____

DIAGNOSIS:

_____

INJECTABLE-LOCATION OF ADMINISTRATION (CHECK ONE):

- ☐ HOME
- ☐ PHYSICIAN'S OFFICE
- ☐ HOSPITAL (IN-PATIENT)
- ☐ HOSPITAL (OUT-PATIENT)
- ☐ LONG TERM CARE FACILITY

PREVIOUS THERAPEUTIC HISTORY FOR ABOVE CONDITION (PLEASE INCLUDE RELEVANT LAB RESULTS):

_____

PRODUCT NAME/DOSE/DURATION AND RESULT OR PRIOR TREATMENT:

_____

ADDITIONAL COMMENTS PERTAINING TO MEDICATION/MEDICAL CONDITION:

_____

PLEASE PROVIDE US WITH INFORMATION ON OTHER COVERAGE (PROVINCIAL OR PRIVATE) AS IT PERTAINS TO THIS PATIENT AND MEDICATION:

APPLIED FOR COVERAGE: ☐ **YES** ☐ **NO** ☐ **APPROVED** ☐ **DENIED**

MAILING INSTRUCTIONS (ONCE COMPLETED, PLEASE RETURN ALONG WITH ANY ORIGINAL PAID RECEIPTS TO):

ADDRESS:
Boilermakers' National Benefit Plans (Canada) Administration Office
45 McIntosh Drive
Markham, Ontario, L3R 8C7

TELEPHONE NUMBER:
1-905-946-2530 *or* 1-800-668-7547

FAX NUMBER:
1-905-946-2535

E-MAIL ADDRESS:
MEDICAL@BOILERMAKERSBENEFITS.CA