

**Health and Wellness/Santé et Mieux-être**

Prescription Drug Program  
P.O. Box 690  
Moncton, New Brunswick  
Canada E1C 8M7  
Tel: (506) 867-4515  
Fax: (506) 867-4872

Programme de médicaments sur ordonnance  
C.P. 690  
Moncton (Nouveau-Brunswick)  
Canada E1C 8M7  
Téléphone : (506) 867-4515  
Télécopieur : (506) 867-4872

**Please provide the following information:**

Applicant's Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Language Preference:  English  French

Please answer **Yes** or **No** to the following questions:

**Yes No**

1. Do you have a private plan for prescription drug coverage?

**If "YES",** does this plan cover anti-rejection medication?

If you have a private plan for prescription drug coverage and it does not cover anti-rejection medication, please include a letter from your private carrier.

2. Do you have a health card for prescription drug coverage through the department of Family & Community Services?

If "YES", please provide your card identification number: \_\_\_\_\_

**I hereby apply for benefits provided by the NBPDP Organ Transplant Plan and agree to pay fees associated with registration in this plan. I declare that I do not receive similar prescription drug benefits from any other plan.**

Applicant's Signature

Date