



# Application for Alberta Blue Cross Palliative Care Drug Program

AHC0222

To mail correspondence:  
 Alberta Health Care Insurance Plan  
 PO Box 1360 Stn Main  
 Edmonton AB T5J 2N3

For service in person:  
 10025 Jasper Ave, Edmonton, or  
 727 7 Ave SW, Calgary

To telephone:  
 427-1432 within Edmonton  
 or Toll-free in Alberta at  
 310-0000 then dial (780) 427-1432

To fax:  
 (780) 422-0102 (Edmonton)

To visit our Website:  
[www.health.gov.ab.ca](http://www.health.gov.ab.ca)

To ensure this application reaches us as quickly as possible, please fax it to: (780) 415-1704 or (780) 422-0102. Alternatively, you can send it by mail or deliver it in person.

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

<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**

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

If this is an extension, please refer to the section *How long will coverage with the Alberta Blue Cross Palliative Care Drug Program continue?* on the reverse.

The above-named applicant is a palliative patient as defined on the reverse. As such, the applicant is eligible to be enrolled in the Alberta Blue Cross Palliative Care Drug Program starting: Y | Y | Y | Y | M | M | D | D

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

Attending Physician's Name (Please print)		Practitioner ID	
Signature of Attending Physician		Date	Office telephone number ( ) -
			Office fax number ( ) -

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

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 your eligibility for the Alberta Blue Cross Palliative Care Drug Program. If you have any questions regarding the collection of this information, please contact an Alberta Health and Wellness representative at the addresses or phone numbers provided above.

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

### **1. Who is eligible for the Alberta Blue Cross Palliative Care Drug Program?**

The following individuals are eligible:

Residents of Alberta who are currently registered with the Alberta Health Care Insurance Plan and have not opted out of the Plan.

Albertans who have been diagnosed by a physician as being in the end-stage of a diagnosed terminal illness/disease which is expected to be the primary cause of death within three months. The patient must be aware of the diagnosis and have made a voluntary, informed decision related to resuscitation. The focus of care is palliative and not treatment aimed at cure.

Albertans who have been diagnosed as palliative, **excluding** those whose residence provides publicly funded drugs. For example: acute care hospitals, long-term care facilities and psychiatric hospitals.

**Note:** Unlike Alberta Blue Cross non-group coverage, where everyone on the Alberta Health 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 Program.

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

The attending physician assigns the effective date subject to the following stipulations:

- a) The patient must not be resident in any of the above mentioned facilities 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 Program until coverage with the Alberta Health Care Insurance Plan is in effect.

### **3. How long will coverage with the Alberta Blue Cross Palliative Care Drug Program continue?**

Coverage will continue for as long as the patient is palliative. To ensure the patient receives uninterrupted coverage, Alberta Health and Wellness will write to the physician to inquire if continued coverage is required. The letter will include a section for the physician 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 Program is premium-free. All costs are paid by Alberta Health and Wellness.

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

Information on the program and benefits provided are described in the Alberta Blue Cross Palliative Care Drug Program brochure which is available from Alberta Health and Wellness by calling (780) 427-1432 from the Edmonton area or toll-free from elsewhere in the province by dialling 310-0000, then (780) 427-1432 when prompted. It is also available on-line at: [www.health.gov.ab.ca/ahcip/prescription/80475.pdf](http://www.health.gov.ab.ca/ahcip/prescription/80475.pdf)

Please feel free to copy this application as needed.