

**BIGSTONE HEALTH BENEFITS PHARMACY MANUAL REVERSAL**Resubmission ☐**Client Information**

Surname

Client Identification No.

Given Name(s)

Date of Birth

Client Signature:

Claim Information

	Date of Service	Day Supply	DIN/Item Code	Prescription No.
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Quantity	Item Cost	Dispensing Fee	Mark Up
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Returned to Inventory
				Yes / No
				Amount Claim
				<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Quantity	Item Cost	Dispensing Fee	Mark Up
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Returned to Inventory
				Yes / No
				Amount Claim
				<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Quantity	Item Cost	Dispensing Fee	Mark Up
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Returned to Inventory
				Yes / No
				Amount Claim
				<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Quantity	Item Cost	Dispensing Fee	Mark Up
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				Returned to Inventory
				Yes / No
				Amount Claim
				<input type="text"/>

When a client has not picked up a prescription and the item(s) are able to be returned to inventory, the pharmacy is entitled to keep the dispensing fee.

Total:

Provider Name and Address

Bigstone Provider No.

If the Client is under 24 months of age and is not registered, please provide the parent's information

Surname

Client Identification No.

Given Name(s)

Date of Birth

Forward the completed form along with prescription receipts to:**Bigstone Health Benefits - Pharmacy****16310 100 Avenue NW****Edmonton, AB, T5P 4X5****Or fax to: 780-444-6521**