



NOTE: FORMS SUBMITTED BY UNAUTHORIZED PERSONS OR WITH INCOMPLETE MANDATORY FIELDS WILL BE RETURNED. If applicant contact information is not provided, the applicant cannot be notified of coverage expiration.

For more information on Plan G or to access this form online, visit www.gov.bc.ca/pharmacareprescribers.

If you have received this fax in error, please write "MISDIRECTED" across the front of the form and fax it back to the sender.

A. TO BE SIGNED BY THE APPLICANT (PLEASE SEE INSTRUCTIONS ON REVERSE)

Form section A containing fields for Name, Phone Number, Address, Postal Code, Personal Health Number (PHN), Birthdate, and Applicant Signature/Date Signed.

I declare that the cost of prescribed psychiatric medication is a significant barrier to my taking my medication. I have no other financial coverage, and I believe I qualify for Medical Services Plan Premium Assistance (\$42,000 family adjusted net income plus \$3,000 per dependent).

Personal information on this form is collected under the authority of section 22 of the Pharmaceutical Services Act for the operations of PharmaCare's Psychiatric Medications Drug Plan (Plan G).

B. PRACTITIONER ONLY - TO BE SIGNED BY THE PRESCRIBING PRACTITIONER (PHYSICIAN OR NURSE PRACTITIONER)

Select the most applicable options.

- I certify that: a. The patient has been hospitalized for a psychiatric condition. b. Without prescribed medication, the patient is likely to be hospitalized for a psychiatric condition. c. Without prescribed medication, the patient or another person is likely to suffer serious physical or psychological harm, or economic loss.

Form section B containing fields for Signature of Prescribing Physician or Nurse Practitioner, Name of Prescribing Physician or Nurse Practitioner, Practitioner College ID Number, Date Signed, Phone Number, and Fax Number.

Physician/Nurse Practitioner: Fax this form to your local Mental Health Substance Use Centre, Child and Youth Mental Health Service Centre, OR the mental health contact at your local health authority to complete Section C for approval. Do NOT fax directly to Health Insurance BC.

C. MENTAL HEALTH SUBSTANCE USE CENTRE / HEALTH AUTHORITY ONLY - APPROVAL

Form section C containing fields for Centre Name, Site Location ID, Signature of Director or Designate, Name of Director or Designate, Phone Number, Fax Number, Date Signed, and Authorization Expiration.

Mental Health Substance Use Centres or Child and Youth Mental Health Service Centres: Fax this form to Health Insurance BC at 250 405-3896.



**Instructions for Authorized Persons completing this form:**

**If the applicant is *unable* to sign the form:**

1. Ensure all required fields are complete.
2. Have the applicant verbally declare that they meet the Plan G eligibility requirements but are unable to sign the Plan G application.
3. Write "Verbal Declaration" in the Applicant Signature box of the Plan G application.
4. Sign your name as a witness in the Applicant Signature box beside the words "Verbal Declaration."

**OR**

**If the applicant is *unwilling* to sign the form:**

1. Ensure all required fields are complete.
2. Have a person who is legally empowered\* to sign the application on behalf of the applicant sign their name in the Applicant Signature box of the Plan G application.
3. Indicate in writing, beside their signature, the legal authority that empowers them to make the declaration on the applicant's behalf.

\*A person legally empowered to sign must be one of the following: a committee appointed under the *Patients Property Act*, a person acting under a power of attorney, a litigation guardian, or a representative acting under a representation agreement.

**PLAN G**

Plan G coverage is provided for a set period not exceeding one year. When this period expires, the practitioner may re-apply for continued coverage.

Plan G coverage may be extended to new residents who have not yet qualified for the B.C. Medical Services Plan (MSP). In this case, the practitioner must submit a written request with the application for Plan G coverage, detailing the patient's compelling need for exceptional coverage. If approved, Plan G coverage will be provided for a period of three months, during which time the patient must apply for MSP.