

## 5. ADMINISTRATION

### 5.1 Provider Registration

The Program requires each Provider to complete a "Participation Application" form to participate in the Program. The Program forwards a "Participation Application" form upon notification from the Newfoundland and Labrador Pharmacy Board or upon request from the pharmacy. In the latter case, the Program does not issue a Provider Number until it has received written documentation from the Pharmacy Board noting the Pharmacy License Number. If and when this Application is approved, a billing number is issued which enables the Provider to submit claims to the Program. A Participation Application is attached in Appendix B.

Each pharmacy is assigned its own unique Provider Number, which must be indicated on all claims submitted to the Program for assessment.

Financial information pertaining to a Provider will not be given out over the telephone. However, a Provider may request this information either by letter or in person, upon presentation of appropriate identification.

### 5.2 Conditions of Participation

In addition to "Section V: Declaration" Section of the Participation Application located in Appendix B, a Participating Provider shall:

- Respect the Program as the Payor of Last Resort which for example, means if a Beneficiary has private insurance such as Blue Cross, claims must be billed to the private insurance first (exception to this is Nunatsiavut Government beneficiaries),
- Dispense all prescriptions in accordance with the directions of the Health Care Professional, Program policies and procedures as outlined in this Guide,
- Submit claims to the Program in an approved manner (CPhA Pharmacy Claims Standard), and
- Collect all applicable copayments as noted in Section 11 of this Provider Guide.

#### Policy Amendment History

	<i>Effective Date</i>
Original Policy	November 30, 2011
Revision # 1	July 13, 2012