

Pay Direct Pharmacy Card Application

1. Plan Holder:	Company Name:		
	Address:		
	Plan Number:		
2. Effective Date:			
3. Fees:	\$25.00	Activation Fee	
	\$ 2.54	Per Transaction/Prescription	
	Regular adjudication fee as per your contract		
4. Level of Coverage: (please check one)	\$1000.00	<input type="checkbox"/>	This is an annual limit*
	\$1500.00	<input type="checkbox"/>	
	\$2500.00	<input type="checkbox"/>	
		<input type="checkbox"/>	
5. Type of Coverage: (please check one)	Family Unit	<input type="checkbox"/>	
	Individual	<input type="checkbox"/>	
<p>I have been made aware of the above conditions and agree to honor them. I understand that coverage will be terminated if these conditions are not met. I understand also that there must be funds in my Private Health Services Plan at all times to cover these fees.</p> <p>We will be using Formulary A to distinguish allowable prescriptions. For details please contact Pacific Rim Administration Services Ltd.</p> <p>*If you are a non-incorporated company, professional or sole proprietor this limit will be part of your annual allowable limit established each year by the CRA (Canada Revenue Agency). If you need clarification, please contact our office.</p>			
Authorized Signature:		Date:	