



Prince Edward Island Drug Programs
Participating Pharmacy Agreement

Pharmacy Number: _____

Name of Pharmacy: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

In consideration of the Minister of Health and Social Services authorizing the above described pharmacy to participate in the Prince Edward Island Drug Programs:

I, _____ hereby agree as follows:
Pharmacy Owner/Manager

- 1. To abide by the terms and conditions of any current agreements between the Government of Prince Edward Island and the PEI Pharmaceutical Association for delivery of the Prince Edward Island Drug Programs.
2. To abide by the policies and procedures for the submission and adjudication of claims using the Pharmaceutical Information Program (PhIP).
3. To maintain the confidentiality of all information related to clients of the PEI Drug Programs and their medication or other therapies.
4. To provide a minimum of ninety (90) days prior written notice of intention to withdraw from participation in the PEI Drug Programs, and such notice shall become effective on the first day of the month expiration of ninety (90) days after the day on which the PEI Drug Programs receives such written notice.

5. The following represents an accurate statement of the usual and customary charge formula in affect for the above named pharmacy:

Table with 4 columns: Regular prescription products, Oral contraceptives, Insulin, Compounded prescriptions, Over The Counter products, Diabetic supplies. Each cell contains a blank line for input.

6. To notify the PEI Drug Programs of any changes to the usual and customary charge in affect in the above named pharmacy.

Signature of Pharmacy Owner/Manager

Date

Please return completed form to: PEI Drug Programs
Provincial Pharmacy
P. O. Box 2000
Charlottetown, PE C1A 7N8
fax: 902-368-4905