



Drug Claim Reimbursement

Claiming prescriptions denied between June 1, 2001 and February 1, 2006

The 2001 Provincial Collective Agreement included the new provision that all medications prescribed by a physician or a dentist would be covered by the supplementary health benefits plan. Disagreements about interpretation of this provision led to a large number of prescriptions being denied coverage.

UNA and HBA Services, representing the Provincial Collective Agreement employers, have recently set up a process to review all these outstanding claims and resolve them.

To submit your claim you need to fill out the attached form plus the supporting documentation.

- You must submit the form and this claim **EVEN** if you have already filed a grievance on your denied claim.
- If you have written evidence that your claim was denied, please attach it. If you do not have it in writing, please attach a note detailing the date and way in which the claim was denied. (The claim could simply have been verbally denied by the dispensing pharmacist who may have said something like “your plan does not cover this.”)
- If you still have the original prescription, that the pharmacist would not dispense, but you purchased the medications off the shelf, please enclose the original prescription as well as your receipts.
- If your prescription claim was denied only once, but you have several receipts, please attach a note explaining this.
- To be covered, prescriptions must be supported by a diagnosis, but you are **NOT** compelled to reveal details of that diagnosis.

A review panel with UNA and HBA Services representatives will be reviewing all claims as promptly as possible. More information is available from your Local and on UNA’s website at www.una.ab.ca.



United Nurses of Alberta and the HBA Services have begun a process to resolve prescription coverage benefit claims that were denied between June 1, 2001 and February 1, 2006. Employees covered by the Provincial Collective Agreement who have had claims denied must submit them for review and possible reimbursement. Please fill out this form, attach necessary documents, and mail it to United Nurses of Alberta ATTN: Sherry Shewchuk #900, 10611-98 Ave. Edmonton, Alberta T5K 2P7. **Deadline: April 30, 2006.**

Name: _____

Address: _____

City: _____ Postal code: _____

Telephone: _____ Email: _____

Employer: _____ Worksite: _____ Local #: _____

Please supply all the following information.

Date the claim was denied: _____

- Copy of claim denial attached.
- Claim receipts attached, including pharmacy prescription #.
Copies of the receipt and/or the claim denial must be attached.

Does the claim meet the following conditions for coverage?

Yes No Was this medication prescribed by a physician or a dentist?

Yes No Was this medication dispensed by a pharmacist?
If not, please attach an explanation.

Yes No Is this medication administered either orally, by injection,
absorption or inhalation?

Yes No Was this medication prescribed to correct or treat a medical
condition based on a diagnosis made by the physician or dentist.

Additional information note: The specific diagnosis is NOT required, however, any information or explanation that could assist in resolving the appeal would be helpful. Please attach any further information you feel would be useful. You may be contacted if further information is required.

I declare that I have examined all the information on this form, and on any accompanying statements or receipts, and it is true and correct to the best of my knowledge.

Signature: _____ Date: _____