

# COVID-19 ORAL ANTIVIRAL DRUG CLAIM FORM – CLIENT WITHOUT A MANITOBA HEALTH PHIN



Health, Seniors and Long-Term Care  
300 Carlton St., Winnipeg MB R3B 3M9  
(204) 786-8000 / 1-800-663-7774  
Fax: (204) 786-6634

Use only when dispensing COVID-19 oral antiviral drugs to a client who does **NOT** have a Manitoba Health Personal Health Identification Number (PHIN).

If the client has a PHIN, the claim **MUST** be entered into DPIN to ensure drug utilization review.

Pharmacy No: **P**

## THIS ENTIRE SECTION MUST BE COMPLETED

### CLIENT INFORMATION

PHIN	Surname	Given Name	Initials
<b>NO PHIN</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Card No. (if available)	Health Card Place of Issuance (if available)	Date of Birth	
<input type="text"/>	<input type="text"/>	yyyy mm dd	
Address (house/apartment/unit number and street, city/town, province, postal code)			
<input type="text"/>			

### PRESCRIPTION INFORMATION

Prescription Date	Prescription No.	DIN / PIN
yyyy mm dd	<input type="text"/>	<input type="text"/>
Prescriber ID #	Pharmacist ID #	
<input type="text"/>	<input type="text"/>	
Drug Cost	Professional Fee	Total Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>

**PAYMENT TO: Pharmacy**

\_\_\_\_\_  
Pharmacist's Signature

\_\_\_\_\_  
Date

### **TO: PHARMACIST**

Incomplete – We are unable to process this request for the following reason:

- Missing information – see highlighted areas
- Incorrect information – see highlighted areas, please check and correct if applicable
- Other: \_\_\_\_\_

Please complete and return to: \_\_\_\_\_

Audit: \_\_\_\_\_

DPIN: \_\_\_\_\_