D.P.I.N. – REVERSAL/ADJUSTMENT FORM

TO BE USED FOR CLAIMS ADJUSTMENT NOT TRANSMITTED ON-LINE

MANITOBA HEALTH

Pharmacare/Personal Care Home/
Family Services/Palliative Care Drug Access
300 Carlton St., Winnipeg MB R3B 3M9
(204) 786 -8000 / 1-800-663-7774
Fax: (204) 786-6634

Program: ☐ PC ☐ NH ☐ FS ☐ PA

This is a/an: ☐ Reversal ☐ DU Reversal Only
☐ Adjustment ☐ Confirmation
☐ NH Bulk Claim Reversal ☐ NH Bulk Claim Adjustment

Pharmacy No: **P** _____ To attention of: _____

Reason for Reversal / Claim Adjustment: _____

_____

_____

THIS ENTIRE SECTION MUST BE COMPLETED

CLIENT INFORMATION

P.H.I.N.	Surname	Given Name	Initials

PRESCRIPTION INFORMATION

Prescription Date (yyyy mm dd)	Prescription No.	DIN / PIN	Claim Reference No.

Prescriber ID #	Pharmacist ID #	NH/Special Auth. #	Quantity	Day's Supply	ED / EP

Drug Cost		Professional Fee		Total Cost	Previously Paid	Do Not Substitute (Yes / No)	Intervention Codes
	+		=				

PAYMENT TO: ☐ **Pharmacy** ☐ **Client**

_____ _____

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: _____