

If the patient has applied for a Government-sponsored supplementary health benefit program, they DO NOT need to complete this form.

If the patient has applied for Employer Group coverage or Individual coverage, please complete this form.

Coverage for extension will only be considered if the patient has applied for supplementary health benefits coverage.

Please complete all sections of this form and return it by fax to Alberta Blue Cross.

Patient last name	First name	Initial	Birth date (YYYY-MM-DD)
Street address	City	Province	Postal code
Alberta personal health number			
Drug requested: <input type="checkbox"/> Suboxone <input type="checkbox"/> Methadone liquid			
Does the patient currently have drug coverage through another health benefits plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, has the patient applied for health benefits coverage through any of the following? <input type="checkbox"/> Employer Group Coverage <input type="checkbox"/> Individual Coverage <input type="checkbox"/> Patient has not yet applied for additional coverage <input type="checkbox"/> Other: _____			
Note: if the patient has not yet applied for any additional coverage, this form is not applicable.			
Date of application (YYYY-MM-DD): _____ Coverage start date (YYYY-MM-DD): _____			
Extension of OAT is requested by: Last name _____ First name _____ <input type="checkbox"/> Patient <input type="checkbox"/> Care taker <input type="checkbox"/> Prescriber <input type="checkbox"/> Pharmacist <input type="checkbox"/> Social worker <input type="checkbox"/> Other _____			
Phone number: _____ Fax number: _____			
Signature (required): X _____ Date (YYYY-MM-DD): _____			

The information on this form is being collected and pursuant to sections 20, 21 and 22 of the Health Information Act, and sections 33 and 34 of the Freedom of Information and Protection of Privacy Act, for the purposes of determining or verifying eligibility to participate in a program or receive a benefit, product or health service. If you have any questions regarding the collection or use of this information, please contact an Alberta Blue Cross privacy matters representative toll-free at 1-855-498-7302 or write to Privacy Matters, Alberta Blue Cross, 10009 - 108 Street, Edmonton AB T5J 3C5.

PLEASE RETURN YOUR COMPLETED REGISTRATION BY FAX TO 1-877-330-5211

