Yukon
Health and Social Services

# PHARMACARE PROGRAM (seniors)

Box 2703 (H-2) • Whitehorse • Yukon • Y1A 2C6
Fax: 393-6486

Patient's Name: ______________________

Patient's Health #: ______________________

| | |
|---|---|
| ☐ Exam<br>☐ Dilation | ☐ Lens Exception (reason – with Opt. signed letter)<br>○ Left eye<br>○ Right eye |

| Service Date : | Service Description : | Cost of Service : | Insurance Plan : |
|---|---|---|---|
| | ☐ EXAM | $ 124.10 | ☐Yes ☐No |
| | ☐ DILATION | $ 45.00 | ☐Yes ☐No |
| | TOTAL COST of PRE-APPROVAL | $ 169.10 | |

| Pharmacare Program WILL COVER : | Pharmacare Program does NOT COVER : |
|---|---|
| ☐ EXAM - basic every 2 years | ☒ NO Tinting or Coating or Featherweight |
| ☐ FRAMES - $100 every 2 years | ☒ NO Repairs to Eye Glasses |
| ☐ LENSES - Prescription only every 2 years | ☒ NO 2nd pair of Glasses or Sunglasses |
| ☐ EXCEPTION LENS - 1 per eye following cataract surgery . . . . . . | ☒ NO Contact Lens Exam or Contact Lenses |
| (letter from Optometrist required for authorization) | ☒ NO Shipping & Handling |

## Whitehorse Optometrist Inc.

2270 – 2nd Avenue • Whitehorse • Yukon • Y1A 1C8
Phone: 633-3499 (ext.135) • Fax: 393-4324
www.whitehorseoptometrist.com

**Patient's Signature:** ______________________ **Date:** ______________________

☐ Patient will sign at exam

Dr. Brett Bartelen ______________________ Optometrist

Name of Applicant (PRINTED) — Profession

Program Office Use Only

Approved: ______________________ Declined: ______________________

Date: ______________________ Date: ______________________

Reason: ______________________