

DRUG EXCEPTION REQUEST FORM

For Non-BC Residents Only



Exceptions can only be granted for the current policy year.

This form must be received within 90 days of the first denied claim.

If the form is received after 90 days of 1st denied claim, exceptions may only be set up 90 days retroactive from date form is received.

YOU MUST INCLUDE A COPY OF YOUR VALID PROVINCIAL HEALTH CARE CARD.

*PLEASE NOTE THAT ANY MISSING INFORMATION MAY CAUSE DELAYS.

The exception will be considered for any medication that is not included on the provincial formulary and that has no other alternatives. The exception can only be requested for drugs that legally require a prescription. If you have already purchased the prescription, **please attach the original receipt and the completed health claim form.**

NOTE: The student plan does not cover vitamins, antihistamines, fertility, or smoking cessation products. No exceptions can be made for these products. Vaccinations, anti-malaria medications, and contraceptive devices are not eligible for an exception. Finally, please note that the drug exception process does not guarantee an exception.

STUDENT'S INFORMATION

First Name: _____ Last Name: _____

Student Number: _____ Group Number: _____ Year of Birth: _____

Contact information: Email: _____ Phone Number: _____

If this request is for a dependant:

First Name: _____ Last Name: _____

Year of Birth: _____ Relationship to You (Spouse / Child): _____

EXCEPTION DETAILS (Please complete all sections)

DIN #: _____ (drug exception will be set up for only this DIN number)

Date of first purchase during current policy year: _____

Date of first time purchase was denied: _____ Denied: by mail at pharmacy

Student's Signature: _____

PHYSICIAN'S STATEMENT

If you have recent documentation from your doctor or a government-issued statement, you do not need to complete this section. Please attach a copy of this documentation.

Drug's Name: _____ DIN #: _____

Reason for Exception (Diagnosis): _____

PRESCRIBING PHYSICIAN

First Name: _____ Last Name: _____

License Number: _____ Phone Number: _____

Address: _____

Physician's Signature: _____

For authorization use only:

Date form is received: _____ Date exception is approved: _____

Valid dates of exception: From _____ until _____

For approval, please send form to service@studentcare.ca, by fax at 1-514-789-8734
or by mail to the following address: 1200 McGill College Avenue, Suite 2200, Montréal, Québec H3B 4G7