New Nouveau Brunswick

New Brunswick Drug Plans / Régimes de médicaments du Nouveau-Brunswick

PROVIDER INFORMATION (Name, Address,Telephone)

PHARMACY PROVIDER NO.

DRUG BENEFIT CLAIM / REVERSAL FORM

PATIENT INFORMATION

Identification Number | Tag Number | Plan | Date of Birth (Year / Month / Day) | Sex

Last Name | First Name

PRESCRIPTION SERVICE INFORMATION

☐ **CLAIM SUBMISSION** ☐ **CLAIM RESUBMISSION (This information pertains to the original paid claim)**

Original Date of Service (Year / Month / Day) | DIN/PIN | Current Prescription Number

Quantity | Day(s) Supply | Prescriber I.D. | Prescriber I.D. Ref.

Drug Cost | Mark-Up | Professional or Compound Fee | Applicable CPhA Intervention | Exception Code

Applicable Special Service Code (SSC) | Product Selection | Unlisted Compound

☐ **CLAIM REVERSAL (This information pertains to the original paid claim)**

Original Date of Service (Year / Month / Day) | DIN/PIN | Current Prescription Number

Quantity | Day(s) Supply | Prescriber I.D. | Prescriber I.D. Ref.

Comments:

Claim Submission / Resubmission

I hereby certify that the drugs charged for hereon have been provided to the patient identified on this form.

Authorized Signature

Date

Claim Reversal

I authorize the adjustment of my account by the amount described.

Authorized Signature

Date

Submit Claims to:

Claims Unit
New Brunswick Drug Plans
P.O. Box 690, 644 Main Street
Moncton, NB E1C 8M7

Fax Number: 1-888-455-8322

Telephone Inquiry Number: 1-800-332-3691