

BULLETIN

NO. 89

June 21, 2018

NOTICE TO PROVIDERS

RE: APPLICATION FOR RURAL SUBSIDY

Dear Provider:

Attached please find the application for the Rural Subsidy that was negotiated as part of the four year agreement between PANL and the Government of Newfoundland and Labrador. The annual investment has been established for the life of the agreement to support the sustainability of rural and remote pharmacies in underserved areas of the province.

Applications **must** be received by this office no later than **July 27, 2018** – late applications will not be considered.

Applications can be faxed, emailed, couriered or mailed.

Fax: 1-709-729-2851

Email: Marguerite Mullins margueritemullins@gov.nl.ca

Courier Address: 45 Major's Path
St. John's, NL
A1A 4Z9

Mailing Address: P.O. Box 8700
St. John's, NL
A1B 4J6

If you have any questions please call Marguerite Mullins at 729-1780.

Thank you in advance for your cooperation.

Attach.

ECS180621



Application for Rural Subsidy

As part of the four year agreement signed on June 25, 2012, between the Pharmacists Association of Newfoundland and Labrador and the Government of Newfoundland and Labrador, an annual investment was established for the life of the agreement, to support the sustainability of rural and remote pharmacies in underserved areas of the province. The Newfoundland and Labrador Prescription Drug Program (NLPDP) will pay a remote subsidy to qualifying pharmacies in accordance with the terms and conditions in Schedule A.4 of the Amending Agreement signed on July 31, 2012 between Government and the Pharmacists' Association of Newfoundland and Labrador.

Instructions:

- Submit a signed, completed original application yearly to the Pharmaceutical Services Division of the Department of Health and Community Services. The application deadline for Fiscal Year 2018-19 is **July 27, 2018** (applications received after that date will **not** be accepted). Retain a copy for your records.
- *Please note the NLPDP volume on record with the Department of Health and Community Services will determine the amount of remote subsidy payable to a qualifying provider.*
- Payment will be made to qualifying providers on a bi-annual basis. Payments for fiscal year 2018-19 will be made during the months of September 2018 and March 2019.

Section 1: Provider Information	
Provider Name (Proper Name of sole proprietorship, partnership or corporation)	
Pharmacy Trade Name (if different)	
NLPDP Provider Number	
NL Pharmacy Board Number	
Mailing Address	Street / P.O. Box Number
	City / Town
	Province
	Postal Code
	Telephone
Facsimile	
E-mail address	
Section 2: Applicant's Declaration / Consent and Disclosure	
To: The Department of Health and Community Services (HCS)	
<ol style="list-style-type: none"> 1. I confirm that the information given in this application is, to the best of my knowledge and ability, complete, true and correct. I acknowledge that the information is subject to audit and that failure to disclose relevant information may result in cancellation of this application by HCS. 2. I confirm that the pharmacy named in this application meets the definition of Qualifying Provider as outlined in Schedule A.4 (dated July 31, 2012) of the Amending Agreement between Government and the Pharmacists' Association of Newfoundland and Labrador. 3. I certify that the pharmacy named in this application is in good standing with NLPDP and claims billed to the NLPDP are not under investigation (excluding CMS activity) by the Audit and Claims Integrity Division of HCS as of the date of this application. 	
_____ Name of Pharmacy Owner (Please print)	_____ Signature of Pharmacy Owner
Dated at _____ this _____ day of _____, 20_____.	
_____ Name of Pharmacist in Charge (Please print)	_____ Signature of Pharmacist in Charge
Dated at _____ this _____ day of _____, 20_____.	
Note	
If this application is approved, you will be notified in writing of the amount of rural subsidy for which you are eligible and the mechanism by which payment will be issued.	