

Assistance for Cancer Patients Programs

Drug Assistance for Cancer Patients Program; and the Boarding, Transportation and Ostomy Program; and Wig Program

Eligibility

To be eligible for the **Assistance for Cancer Patients** programs (*Drug Assistance for Cancer Patients, Boarding, Transportation & Ostomy, and Wigs*), the patient must be receiving treatment (e.g., chemotherapy, radiation, surgery) for cancer at a treatment centre and:

- Be a resident of Nova Scotia and have a valid Nova Scotia health Card
- Have a gross family income no greater than \$35,000 per year
- Not be eligible for coverage under any other drug programs

Date of patient's cancer diagnosis _____

Does the patient have private insurance that will cover the cost of cancer medication? Yes No

Patient Information

Last Name	First Name	Date of Birth	Day	Month	Year
Health Card Number	Daytime Phone Number	Marital Status			
		Married/Partnered		Single	
Mailing Address	City	Province	Postal Code		
If the patient is a dependent, name of parent(s)/guardian(s)		Parent(s)/Guardian(s) Phone Number			
Will the patient require a travel escort? Yes No (If yes, please call 1-866-553-0585 for more information)					

Income Information

I have included a copy of the most recent Notice of Assessment or Re-assessment from the Canada Revenue Agency for each person in the family (e.g., the patient, their parent(s) or guardian(s), spouse or partner).

Yes No

Statement for Release of Medical Information Related to Patient

I hereby authorize Dr. _____ of _____
(Name) (Address)

to provide Pharmacare Programs with medical information that may be required to determine eligibility for the Assistance for Cancer Patients programs. I acknowledge by completing this application, this information will be used to determine eligibility for the Assistance for Cancer Patients programs (Boarding, Transportation, & Ostomy Program, Drug Assistance for Cancer Patients Programs and Wig Program).

Patient/Parent/Guardian's Signature _____ Date _____

Spouse/Partner's Signature _____ Date _____

Submit Your Form (Signature not required if submitting through your MSI online account)

Online:
<https://novascotia.ca/dhw-pharmacare-17>

By mail:
 Assistance for Cancer Patients Program
 PO Box 500
 Halifax NS B3J 2S1

By Fax:
 902-490-2275

For questions, please call 902-496-7011 or 1-553-0585 (toll-free in Canada)

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.