

Assistance for Cancer Patients Program

Wig Claim Form

To access wig coverage, residents need to be enrolled in the Assistance for Cancer Patients Program

Patient Information

Last Name	First Name	Health Card Number	
Mailing Address	City	Province	Postal Code
Daytime Phone Number		Please attach receipt to claim form	

Supplier

Name	Location (if applicable)
Date of Purchase	Total Price \$

Residents will be reimbursed up to \$300 for a one-time purchase of a wig.

Patient Certification

I hereby declare this to be a true statement of services received from the above named supplier and authorize MSI to send payment directly to:

Pay Provider Pay Patient

Signature _____ Date _____

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

Online: https://novascotia.ca/dhw-pharmacare-23	By mail: Assistance for Cancer Patients Programs PO Box 500 Halifax NS B3J 2S1	By fax: 902-490-2275
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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.