**ODB Paperless Drug Card Initiative**

**Help Line Documentation required**

(in case of post-payment verification audit)

Help Line 1-888-284-3928

Mon to Fri, 8:30am-4:30pm

Pharmacy ON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caller First & Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Call:

Time of Call:

Patient First & Last Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coverage Confirmed: Plan Code C or D (circle one)

Dates of Coverage Confirmed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation Number from Help Line to confirm eligibility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Scan this to Patient file, attach to Hard Copy]**

**v.1 (Aug31,2016)**

**www.behindthecounter.ca**

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