

Drug Exception Request Form

Exceptions can only be granted for the current policy year



ihaveaplan.ca

***PLEASE NOTE THAT ANY MISSING INFORMATION MAY CAUSE FURTHER DELAYS.**

The exception will be considered for any medication that is not included on the provincial formulary and that has no other alternatives. The exception can only be requested for drugs which legally require a prescription. If you have already purchased the prescription, please attach the original receipt and the completed health claim form.

NOTE: the student plan does not cover vitamins, antihistamines, fertility, or smoking cessation products. Therefore, no exceptions will be made for these products.

Student's Information

First Name: _____ Last Name: _____
Student Number: _____ Date of Birth (MM/DD/YY): _____
Student Email: _____ Phone Number: _____
Group Number: _____

If this Request is for a Dependant:

First Name: _____ Last Name: _____
Date of Birth (MM/DD/YY): _____ Relationship to you: _____

Exception Details

DIN #: _____
First Date of Purchase During Current Policy Year: _____
First Denied Claim (Date): _____
Please Specify if it Was Denied by Mail or by the Pharmacist

Student's Signature: _____

Physician's Statement

Drug's Name: _____ *DIN #: _____
Reason for Exception (Diagnosis) _____
Have you Tried an Alternative Drug Listed on the Formulary: YES NO
If YES - Drug Treatment: _____
DIN #: _____ Date: _____

Prescribing Physician

First Name: _____ Last Name: _____
License Number: _____ Phone Number: _____
Address: _____
Postal Code: _____
Physician's Signature: _____ Date: _____

For approval, please send form to:



studentcare.net/works
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