

## PRIVATE PLAN INFORMATION

The purpose of this form is to help you communicate with your insurance company to determine if they will cover the drugs you need for your treatment.

Instructions:

- Complete the “**Drug Info**” column below before calling your insurance company, so that you are ready with the information they require. Visit ODANO.ca -> Resources -> Private Drug Coverage to help you determine the DIN #
- Have your insurance information (Policy/Group Number, Certificate Number) ready.
- Call your insurance company and complete the form below.

Your Name: \_\_\_\_\_

Name of Insurance Provider: \_\_\_\_\_

Do you have a copay on each prescription? **YES** or **NO**      Amount:                      \$ \_\_\_\_\_

Do you have an annual deductible to pay? **YES** or **NO**      Amount:                      \$ \_\_\_\_\_

Does your drug plan have any maximums? **YES** or **NO**      Annual Maximum:      \$ \_\_\_\_\_

Lifetime Maximum:      \$ \_\_\_\_\_

Drug Info:	Covered?	What percentage is covered?	Special/Prior authorization required?
<b>DRUG:</b> _____ <b>DIN:</b> _____	<b><u>YES</u> or <u>NO</u></b> If “No”, why: _____ _____	_____ %	<b><u>YES</u> or <u>NO</u></b> If “Yes”, ensure you are sent the form.
<b>DRUG:</b> _____ <b>DIN:</b> _____	<b><u>YES</u> or <u>NO</u></b> If “No”, why: _____ _____	_____ %	<b><u>YES</u> or <u>NO</u></b> If “Yes”, ensure you are sent the form.

### COMMUNICATION LOG:

Date & Time	Who you Spoke to	Summary of Conversation
		_____ _____ _____
		_____ _____ _____