Boehringer Ingelheim

BOEHRINGER INGELHEIM MEDICATION REQUEST

Email this completed request to MedRequestsBI.Canada@ashfieldhealthcare.com or fax to (855) 955-3896. Please complete all fields to minimize delays. Please allow 10 business days for processing this request.

In order to qualify for Boehringer Ingelheim Medication request, the physician certifies (by checking the boxes below) that the patient meets all of the following criteria:

- ☐ Patient is a Canadian Citizen or full-time resident of Canada;
- ☐ Patient has insufficient financial resources to pay for the requested medication and has no other source of provincial funding;
- ☐ Patient does not have full or partial coverage with their private or employer drug plan and is not eligible for such coverage;
- ☐ Patient does not meet provincial listing criteria and/or any of the Federal Drug plans (e.g. Non-Insured Health Benefits (NIHB) listing criteria and is not eligible under exceptional circumstances.

PATIENT INFORMATION:

Patient Initials:		Date of Birth (YYYY/MM/DD):		Gender:	☐ M ☐ F	Language:	☐ En ☐ Fr
Product and dose requested:							
Product requested is for a 3 months supply (only one product per request). This request expires at the end of the 3 months supply and can be renewed by submitting a **new** request for the patient. There is a maximum of 4 requests per patient.							

PHYSICIAN INFORMATION:

First Name:		Last Name:			
Clinic Name:				Medical #:	
Street:				City:	
Province:		Postal Code:		Phone #:	
Contact me by:	☐ Email:			☐ Fax	

PHYSICIAN CERTIFICATION:

I certify that I am the patient's prescribing physician and confirm that the patient has been prescribed the medication as per the Canadian Product Monograph based on my independent medical judgment and the patient's informed consent. To the best of my knowledge, this patient meets all requisite criteria, has no prescription insurance coverage for the prescribed medication and has insufficient financial resources to pay for the prescribed therapy. The medication received from Boehringer Ingelheim (Canada) Ltd. will be used by the indicated patient only.

I consent to the collection, use, and disclosure of the information I have provided herein to Inizio (formerly Ashfield Healthcare Canada) for administration of the program and delivery of the medication.

I state that the information contained in this application is complete and accurate to the best of my knowledge.

X Physician signature:		Date (MM/DD/YYYY):	

LEGAL NOTICES:

You agree to keep all confidential information provided to you about the Program in strict confidence and not, without Boehringer Ingelheim's prior written consent, disclose any confidential information about the Program to any third party. You agree not to disclose and patient personal information to Boehringer Ingelheim or Inizio (formerly Ashfield Healthcare Canada). Boehringer Ingelheim reserves the right to grant, refuse, or discontinue the supply or marketed product at any time and at its sole discretion.