Yukon
Health and Social Services

PHARMACARE PROGRAM (seniors) H-2

BOX 2703 • WHITEHORSE • YUKON • Y1A 2C6

SENIORS OPTICAL BENEFITS FORM

Please Fax to: 393-6486

Phone 667-8494

Patient's Name: _____

Patient's Health #: _____

☐ EXAM

☐ DILATION

☐ LENS EXCEPTION (REASON – WITH OPT. SIGNED LETTER)
- o LEFT EYE
- o RIGHT EYE

SERVICE DATE:	SERVICE DESCRIPTION:	COST OF SERVICE:	INSURANCE PLAN:
	✓ EXAM	$ 80.00	☐ Yes ☐ No
	✓ DILATION	$ 45.00	☐ Yes ☐ No
	PRE-APPROVED COST	$ 125.00	

IS COVERED by the Pharmacare Program :

- ☐ *EXAM - basic every 2 years*
- ☐ *FRAMES - $100 every 2 years*
- ☐ *LENSES - Prescription only every 2 years*
- ☐ *EXCEPTION LENS - 1 per eye following cataract surgery:*
  (letter from Optometrist required for authorization)

NOT COVERED by the Pharmacare Program :

- ☒ *NO Tinting or Coating or Featherweight*
- ☒ *NO Repairs to Eye Glasses*
- ☒ *NO 2nd pair of Glasses or Sunglasses*
- ☒ *NO Contact Lens Exam or Contact Lenses*
- ☒ *NO Shipping & Handling*

Whitehorse Optometrist Inc.

2270 – 2nd Avenue • Whitehorse • Yukon • Y1A 1C8
Phone: (867)633-3499 ext.135 • Fax: (867)393-4324
www.whitehorseoptometrist.com

Patient's Signature: * _____ ***Date:*** _____

Dr. Brett Bartelen and Dr. Jared Zeeben

NAME OF APPLICANT (PRINTED)

WHITEHORSE OPTOMETRIST

Optometrist

PROFESSION

Pharmacare Program Office Use Only

Approved: _____ Declined: _____

Date: _____ Date: _____

Reason: _____

YTG Revised January 2018