Yukon
Health and Social Services

PHARMACARE PROGRAM (seniors)

Box 2703 (H-2) • Whitehorse • Yukon • Y1A 2C6
Fax: 393-6486

Patient's Name: _____

Patient's Health #: _____

☐ Exam
☐ Dilation

☐ Lens Exception (reason – with Opt. signed letter)
- Left eye
- Right eye

Service Date :	Service Description :	Cost of Service :	Insurance Plan :
	☐ EXAM	$ 94.00	☐ Yes ☐ No
	☐ DILATION	$ 45.00	☐ Yes ☐ No
	TOTAL COST of PRE-APPROVAL	$ 139.00	

Pharmacare Program WILL COVER :

- ☐ *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)*

Pharmacare Program does NOT COVER :

- ☒ *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: 633-3499 (ext.135) • Fax: 393-4324
www.whitehorseoptometrist.com

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

☐ Patient will sign at exam

Dr. Brett Bartelen and Dr. Jared Zeeben
NAME OF APPLICANT (PRINTED)

WHITEHORSE OPTOMETRIST

Optometrist
PROFESSION

Program Office Use Only

Approved: _____ Declined: _____

Date: _____ Date: _____

Reason: _____

Revised August 2021