



## 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 #: \_\_\_\_\_

<input type="checkbox"/> EXAM	<input type="checkbox"/> LENS EXCEPTION (REASON – WITH OPT. SIGNED LETTER)
<input type="checkbox"/> DILATION	<input type="radio"/> LEFT EYE <input type="radio"/> RIGHT EYE

SERVICE DATE:	SERVICE DESCRIPTION:	COST OF SERVICE:	INSURANCE PLAN:
	✓ EXAM	\$ 94.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
	✓ DILATION	\$ 45.00	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PRE-APPROVED COST .....</b>		<b>\$ 139.00</b>	

<u>IS COVERED</u> by the Pharmacare Program : <input type="checkbox"/> EXAM - basic every 2 years <input type="checkbox"/> FRAMES - \$100 every 2 years <input type="checkbox"/> LENSES - Prescription only every 2 years <input type="checkbox"/> EXCEPTION LENS - 1 per eye following cataract surgery: <i>(letter from Optometrist required for authorization)</i>	<u>NOT COVERED</u> by the Pharmacare Program : <input checked="" type="checkbox"/> NO Tinting or Coating or Featherweight <input checked="" type="checkbox"/> NO Repairs to Eye Glasses <input checked="" type="checkbox"/> NO 2 <sup>nd</sup> pair of Glasses or Sunglasses <input checked="" type="checkbox"/> NO Contact Lens Exam or Contact Lenses <input checked="" type="checkbox"/> NO Shipping & Handling
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### Whitehorse Optometrist Inc.

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

Patient's Signature: \* \_\_\_\_\_

Will sign at exam:

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

WHITEHORSE \_\_\_\_\_ Date: \_\_\_\_\_



**Optometrist**

PROFESSION

Pharmacare Program Office Use Only

Approved: _____	Declined: _____
Date: _____	Date: _____
	Reason: _____