

## Newfoundland and Labrador Prescription Drug Program (NLPDP) (Access Plan)

### **NEWFOUNDLAND AND LABRADOR DENTAL HEALTH PROGRAM**

Eligibility under the Dental Health Program will depend upon the determination of your eligibility for the Access Plan under the Newfoundland and Labrador Prescription Drug Program (NLPDP). Therefore, once your application has been reviewed a letter of notification respecting your eligibility status for both the Access Plan and the Dental Health Program will be forthcoming.

The Dental Health Program provides coverage for **specified dental health** care services to 13-17 year olds in families (including single parents) with a total annual net income of \$30,000 or less where the family is approved for coverage under the Access Plan of the NLPDP.

Children, age 13-17 years, in these families, approved for coverage under the Access Plan, are automatically approved for coverage under the Dental Health Program. There is no separate application process for dental coverage. If you do not yet have coverage under the Access Plan, you must first apply for that coverage by completing the application form below.

Talk to your dentist about which dental care services are covered under the Dental Health Program.

Please note that all children up to and including 12 years of age are automatically covered for eligible services under the Newfoundland and Labrador Dental Health Program. There are no changes in eligibility for that age group.

### **SECTION A FAMILY STATUS**

Single     Couple with no dependent children     Family with dependent children (includes single parent families)

### **SECTION B PERSONAL INFORMATION**

<b>APPLICANT</b>										<b>SPOUSE (if applicable)</b>									
Surname										Surname									
First Name					Initial					First Name					Initial				
MCP Number										MCP Number									
Date of Birth (yyyy - mm - dd)								-			-					-			
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female							Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female						

### **MAILING ADDRESS**

Street / P.O. Box			Building / Apartment Number	
City / Town		Province	Postal Code	Phone Number

**SECTION C DEPENDENT INFORMATION** - Include all dependent children living with you under the age of 18 or aged 18 to 20 and still attending high school. Please attach a confirmation letter from the school. Dependents living with you aged 18 or older but not attending high school, must complete their own application form.  
(If more space is required, please attach a separate sheet)

Surname	First Name	Initial	Gender		Date of Birth			MCP Number							
			M	F	Year	Month	Day								

**SECTION D PRIVATE DRUG INSURANCE/COVERAGE**

Do you, your spouse or dependent children have drug insurance coverage with a private insurer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No (If no, go to Section E)
Name of Insurance Company (e.g. Blue Cross)			
Policy Number	Family Members Covered		
Terms of Coverage (e.g. insurance pays 80% of costs of prescription drugs)			

**SECTION E DECLARATION AND CONSENT**

I declare that the information provided on this application is true and correct to the best of my knowledge. I understand that this information will be used to determine eligibility for a drug card with the Access Plan under the Newfoundland and Labrador Prescription Drug Program (NLPDP) as well as eligibility for the Dental Health Program and may be subject to verification by officials of the Department of Health and Community Services.

For the purpose of verifying my eligibility for the drug program or dental program, and of auditing use of the drug card or dental coverage, I authorize the Department of Health and Community Services to obtain information from:

- The Medical Care Plan (MCP) regarding my eligibility for provincial health benefits and release of my MCP number to be used for identification purposes on my drug card.
- Pharmacies, to access copies of prescriptions in order to verify claims billed to the NLPDP.
- Dentists, to verify claims billed to the Newfoundland and Labrador Dental Health Program.

I agree to notify the Newfoundland and Labrador Prescription Drug Program of any change in my financial circumstances so that my level of coverage can be adjusted accordingly.

In order to verify financial information provided, I hereby consent to the release, by the Canada Revenue Agency to an official of the Department of Health and Community Services, of information from my income tax returns, and, if applicable, other required taxpayer information about me, including my dependent children, to be used solely for the purpose of determining and verifying my eligibility, entitlement for and the general administration and enforcement of the Newfoundland and Labrador Prescription Drug Program and will not be disclosed to any other person or organization without my approval.

This authorization is valid for the current taxation year and each subsequent consecutive taxation year for which I will be in receipt of assistance under the Newfoundland and Labrador Prescription Drug Program. I understand that if I wish to withdraw this consent, I may do so at any time by writing to the Regional Director at the address identified below.

Printed Name of Applicant

Printed Name of Spouse

Signature of Applicant

Signature of Spouse

Social Insurance Number

Social Insurance Number

Date

Date

**Please mail completed applications to:**

Newfoundland and Labrador Prescription Drug Program  
Assessment Office  
P.O. Box 510  
Stephenville, NL, A2N 3B4

**Contact Information:**

Toll free: 1-888-859-3535  
Toll free fax: 1-888-272-2444  
E-mail: LIDPinfo@gov.nl.ca