



Cancelled Claims Advisory

Pharmacy Name _____ Pharmacy Number _____

This is to advise the Prescription Drug Services Branch of Saskatchewan Health that the following prescriptions, already entered and confirmed (billed), have not been provided to the patient.

These claims should therefore be deleted from the patients records and deductibles adjusted accordingly, where appropriate.

This will further authorize the Prescription Drug Services Branch to recover any amounts paid to the pharmacy on behalf of the patient.

Prescription No.	Health Services No.	Date Dispensed	Total RX Cost	

Reason for
Deletion:

Reason for
Deletion:

Reason for
Deletion:

Reason for
Deletion:

Reason for
Deletion:

Reason for
Deletion:

Reason for
Deletion:

Please submit weekly as required.
This information is essential to
maintaining the accuracy of our files.

Pharmacy Phone No.

Authorized Signature

Date