

Ministry of Health

Drugs and Devices Division

Office of the Executive Officer
and Assistant Deputy Minister

438 University Avenue, 10th floor
Toronto ON M5G 2K8

Ministère de la Santé

Division des médicaments et
appareils fonctionnels

Bureau de l'administratrice en chef
et sous-ministre adjointe

438 avenue University, 10^e étage
Toronto ON M5G 2K8



Attestation Notice of Change in LTC Home Primary Pharmacy Service Provider Form

This form is to be completed and sent to the Drugs and Devices Division if there are any changes to your Attestation to Receive Capitation Payments as a Primary Pharmacy Service Provider Form at any time during the calendar year ("Attestation") OR if you are a new primary pharmacy service provider for a long-term care (LTC) home and previously did not receive an Attestation.

For example, you must complete this form if:

- Your pharmacy is entering or has entered into a new contract with a long-term care (LTC) home that was not originally identified in the Attestation ("New LTC Home Client(s)"); or
- Your pharmacy is ending, or has ended, its contract with a LTC home that was originally identified in the Attestation ("Former LTC Home Client(s)").

This form must be submitted to the ministry by the 15th of the previous month before the effective date of the change, in accordance with the [Ministry's Policy](#) and your Health Network System Subscription Agreement. Failure to notify the ministry may result in a delay of payment and/or an incorrect payment.

Without completing this form, capitation payments for providing professional and dispensing pharmacy services under the capitation model may be delayed.

Primary Pharmacy Service Provider Information:

Pharmacy ID #	
Pharmacy Name	
Pharmacy Address	
Pharmacy Fax	
Pharmacy ONEMail Address	

To Add New LTC Home Client(s):

Long-Term Care Home Agency ID#	
Long-Term Care Home Name	
Long-Term Care Home Address	
Effective Start Date of the Contract	

To Remove Former LTC Home Client(s):

Long-Term Care Home Agency ID#	
Long-Term Care Home Name	
Long-Term Care Home Address	
Effective End Date of the Contract	

To attest that the information above is accurate, the pharmacy owner, or designated pharmacy manager, must complete the box below, including signature and date.

Pharmacy Designated Manager or Owner (please print)	
Signature	Date

Please send completed forms (all pages) to the Drugs and Devices Division by email at ODBLTCcap@ontario.ca.

Note: knowingly furnishing false or incomplete information to the Ministry in connection with the administration of the Ontario Drug Benefit Program is an offence under the *Ontario Drug Benefit Act*.