INSURED HEALTH SERVICES

RECONSIDERATION REQUEST

Use this form to make a request for reconsideration of a coverage decision made by an Insured Health Services health benefits program.

Requests must be submitted within **20 business days** from the date coverage was initially declined. All reconsideration decisions are final. Decisions that have already been reconsidered are not eligible for further reconsideration.

Health programs

Select the program to which this request is being submitted:

- ☐ Chronic Disease and Disability Benefits Program
- ☐ Extended Health Care Benefits Program (medical supplies and equipment for seniors)
- ☐ Pharmacare Program (prescription drugs for seniors)
- ☐ Yukon National Pharmacare Program

Applicant information

First name	Last name
Date of birth YYYY-MM-DD	Yukon Health Care Insurance Plan number
Phone	Email

Mailing address

Unit # (optional)	Street number and name	City or town	Province or territory	Postal code

Physician information (reconsideration of special authorization coverage only)

First name	Last name
Phone	Email

Select the type of reconsideration being requested

- ☐ Eligibility for enrolment in the program
- ☐ Reimbursement for a product purchased outside the Yukon
- ☐ Special authorization coverage (requests must be submitted by the client's physician)

Select the reason for this request (check all that apply)

- ☐ I believe information provided in the original application for coverage may not have been fully considered
- ☐ I believe relevant legislation or policies were misinterpreted
- ☐ I believe there was a procedural or communication error during the original application process
- ☐ I have new information that may impact the decision made about the original request for coverage

Rationale for reconsideration request

Attach any test results, drug history and/or specialist recommendations that may be related to this request.

Applicant signature

YYYY-MM-DD

Date

Submit the completed form to Insured Health Services:

By fax: 867-393-6486

By mail: Insured Health Services H-2
PO Box 2703
Whitehorse, Yukon Y1A 2C6

In person: 204 Lambert St. 4th Floor
Whitehorse, Yukon

Secure file transfer (SFT): Request a link to submit the form by SFT at yukon.healthcare@yukon.ca

Note: Do not send forms by regular email

Questions?

Contact us via one of the methods listed above or at 867-393-5209 or toll-free at 1-800-661-0408, extension 5209.

The information in this form is managed in accordance with the *Health Information Management and Privacy Act*. For more information, contact the program officer for the Chronic Disease and Disability Benefits Program at 867-667-5092 or the program officer for the Pharmacare Program or the Extended Health Care Benefits Program at 867-667-6403, or write to Extended Health Benefits and Pharmaceutical Programs, Box 2703, Whitehorse, Yukon, Y1A 2C6.

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