

# SCHEDULE "B"

## NOTICE OF PROFESSIONAL FEE CHANGE

PHARMACY NAME:	_____
CORPORATE NAME:	_____
MANITOBA HEALTH (MH) Provider No. P	_____
PHARMACY MAILING ADDRESS:	_____
PHARMACY PHONE NUMBER:	_____
PHARMACY FAX NUMBER:	_____
PHARMACY E-MAIL ADDRESS:	_____
PHARMACY MANAGER:	_____

*I, the Pharmacy Manager for the above-named Pharmacy, do hereby inform Manitoba Health and Seniors Care (MHSC) of the intention of the Owner of this Pharmacy to revise the "Usual and Customary Professional Fees" (as that term is defined in the Pharmacy Agreement between The Government of Manitoba and the Pharmacy Owner) that the Owner will charge its cash paying customers as Professional Fees.*

*Professional fee changes can only be applied upon notification from Manitoba that the Schedule "B" – Notice of Professional Fee Change request has been approved by Manitoba and starting on the date specified within this letter. It is the responsibility of the pharmacy to maintain copies of this documentation.*

### SERVICE PROVISION

### EXISTING PROFESSIONAL FEE

### REVISED PROFESSIONAL FEE

as of \_\_\_\_\_d/m/y

as of \_\_\_\_\_d/m/y

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Signature Pharmacy Manager

Print Name

Date

Send to Pharmacy Agreement Coordinator by E-mail: [PDInfoAudit@gov.mb.ca](mailto:PDInfoAudit@gov.mb.ca) or Fax: 204-786-8560