



Department of Health and Wellness

NOTICE OF APPEAL BY PROVIDER
under the Provider Appeals Regulations of the Fair Drug Pricing Act

TO: Executive Director, Pharmaceutical Services and Extended Health Benefits
Nova Scotia Department of Health and Wellness

FROM: _____
Pharmacist holding the pharmacy license (please print full name)

TAKE NOTICE that I am referring the investigative determination of the Administrator, dated
_____ and a copy of which is attached to this notice, to the
Pharmacare Appeal Panel,

FURTHER TAKE NOTICE that the particulars of the investigative determination being appealed are:

On the following grounds (Refer to section 10):

My address for correspondence regarding this appeal is:

DATED this _____ day of _____, 20 _____

Signature of pharmacist holding the pharmacy license

Provider Name

Provider Number

Submit to Attention: Executive Director, Pharmaceutical Services and Extended Health Benefits
By mail: Pharmaceutical Services and Extended Health Benefits, Department of Health and Wellness, PO Box
488, Halifax, NS, B3J 2R8
By fax: 902-428-3400
By email: Pharm.serv@novascotia.ca