

### ByWard FHT Ontario patient application for fee payment exemption

*Please complete and return with requested documentation.\**

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Health Card Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ ByWard FHT Healthcare Provider \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**List minor dependents in same household:**

Name	Date of Birth	Health Card Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**\*Provide documented proof of Ontario Disability Support Program (ODSP) or Ontario Works (Ontario Drug Benefit slip)**

The Ministry of Health and Long Term Care issues Ontario Drug Benefit slips to people on social assistance (Ontario Disability Support Program or Ontario Works) as well as other designated groups. The program provides coverage for over 3,800 drug products, including some nutrition products and diabetic testing agents.

**\*Senior Citizens**

Provide documented proof of Guaranteed Income Supplement (GIS), Allowance or Allowance for the Survivor benefits. Copy of letter issued to recipients (mailed each year in July by the Canadian Federal Government) outlining their new monthly income for the year.

Signature \_\_\_\_\_

Date \_\_\_\_\_

***Exemption is valid for one (1) year. Applicants are required to re-apply annually.***