Manitoba Health

Non-Insured Benefits
300 Carlton St.
Winnipeg MB R3B3M9
Ph: 204-786-8000
Fax: 204-786-6634

APPLICATION FOR DRUG PROGRAMS INFORMATION NETWORK REGISTRATION

4 - 6 WEEKS NOTICE IS REQUIRED

1) Pharmacy Information

☐ Existing Pharmacy - Change of Ownership - Effective date: _____

☐ New Pharmacy - Opening date: _____

Trade Name of Pharmacy	DPIN Provider Number P
Legal Name of Pharmacy	CPhM Pharmacy Licence Number

Site Address (Location of Pharmacy)		Mailing Address (if different)	
City	Postal Code	City	Postal Code
Telephone No. (Pharmacy) ( )	Fax No. (Pharmacy) ( )	Name of Contact	Telephone No. ( )
Pharmacy Email Address		Contact Email Address	

2) Ownership

Legal Name of Head Office		Mailing Address		
City	Postal Code	Telephone No. ( )	Fax No. ( )	Name of Contact

3) Type of Pharmacy

☐ Community ☐ Hospital ☐ Clinical Practice	COMPONENT: ☐ Central Fill ☐ Distance Care ☐ External Dispensing ☐ Satellite
☐ Independent ☐ Chain	Trade Name of Chain:

☐ I request and authorize that a copy of my Remittance Advice be forwarded to my pharmacy chain head office (check box)

4) Software Vendor & Applicant's Connectivity Information

Vendor Name	Software Name	Software Version #
Applicant confirmed with Bell MTS Business office at 204-225-4249 that Proposed Location is Serviceable by Bell MTS for DPIN YES ☐ NO ☐		

THE PROPOSED LOCATION HAS TO BE SERVICEABLE BY BELL MTS BEFORE YOUR DPIN PROVIDER NUMBER IS RELEASED

5) Banking Information

You must attach a blank cheque marked "VOID"

6) Name(s) and address(s) of owner(s) and partner(s) (attach additional information if required)

Name(s) (Print)	Address(s)

7) Pharmacy Manager and Owner

Pharmacy Manager Name: (Print)		Owner Name: (Print)	
Pharmacy Manager Signature	Date	Owner Signature	Date

****A SIGNED PHARMACY AGREEMENT IS REQUIRED BEFORE YOUR DPIN PROVIDER NUMBER IS RELEASED****