



NATIONAL HEALTH FUND
 6TH Floor, The Towers, 25 Dominica Drive, Kingston 5
 Tel: (876) 906-1106 Fax: 906-1105 Toll-free 1-888-NHF-CARE
 Website: www.nhf.org.jm



PHARMACEUTICAL DIVISION: Tel. 923-6920/923-6926-8 Fax: 923-7159

PROVIDER APPLICATION FORM- Public Sector

Kindly complete the form and return original to the above address along with a **current certified copy** of the Pharmacy Council Certificate of Registration for the Registering Pharmacist.

Tick the appropriate box:

NHF Card

JADEP

PHARMACY INFORMATION

1). Name of Pharmacy: _____

2). Address of Pharmacy (Street and Number): _____

3). Telephone Number(s): Office: _____ Cell: _____ Fax: _____

4). Email Address: _____ 5). Name of Software Provider: _____

6). Name of Registering Pharmacist _____ 7). Pharmacist Reg #: _____

8). Are you a Provider for any other Insurance Carrier/Private Plans? Yes No

9). If yes, indicate name(s) _____

10). Preferred method of Communication: Email Fax Mail

AUTHORISED PERSONNEL INFORMATION

11). Name of Authorised Personnel Signature Position Date

 (Please print name)