LiUNA Local 1059 Benefit Trust

W.A. Health Inc. 149 Main St E, Hamilton ON L8N 1G4 • Tel/Fax #:(289) 768-3621 • admin@wahealth.ca

MEDICAL CANNABIS PRIOR AUTHORIZATION FORM

Plan Member Information – Complete the following sections (Please print)	
Plan Member Name:	Patient Name:
Social Insurance Number or Certificate No.:	
Patient Date of Birth (dd/mm/yyyy):	Preferred Phone Number:
Address (Number, Street, City, Province, Postal Code):	
May we contact you by email? (Note that some correspondence may still need to be sent by regular mail) ☐ Yes ☐ No	
If yes, provide the email address:	
Do you have coverage of medical cannabis with another carrier? ☐ Yes ☐ No If Yes, indicate the following below: (dd/mm/yyyy) Coverage provided by:	

Treating Physician Information Section – to be completed every 6 months	
Name of **Treating Physician**:	Specialty:
Address (Number, Street, City, Province, Postal Code)	
Telephone Number (Including area code):	Fax Number (Including area code):

1. Product Name: **Medical Cannabis**
2. Is your patient authorized to possess cannabis for medical purposes under current legislation? ☐ Yes ☐ No
3. Prescribed dosage form and regimen: _____
4. Diagnosis/indication for use(include date of initial diagnosis) (mm/dd/yyyy): ____|____|____

   ☐ Neuropathic/Chronic Pain ☐ Spasticity ☐ Palliative Care ☐ Anorexia

   ☐ Spinal Cord Injury ☐ Nausea/vomiting from chemotherapy treatment
5. What is the anticipated duration of treatment with medical cannabis? _____

   (not to exceed 6 months)

I certify that the information provided is true, correct and complete.

Treating Physician Name:	Treating Physician Signature:
Date (mm/dd/yyyy):	License Number:

It is important to provide the requested information in detail to help avoid delay in assessing claims for Medical Cannabis. The completed for can be returned to W.A. Health by mail, fax or email.
Note: As email is not a secure form, any person with concerns about their prior authorization form/medical information being intercepted by an unauthorized party is encouraged to submit their form by other means.