STI Patient Management Definition of Terms

Client ID

The Client ID a unique identification number that is printed on a patient's card. When you create a new enrolment you will leave this field blank. STI will supply the Client ID for you after "submit" is selected. The new Client ID will appear in the field.

Please always refer to the Client ID when communicating to STI Customer Support regarding individual cases.

First Name

The first name of the patient. Note that this data must match the data at the pharmacy <u>exactly</u> in order for the reimbursement to happen correctly.

Last Name

The last name of the patient. Note that this data must match the data at the pharmacy <u>exactly</u> in order for the reimbursement to happen correctly.

DOB (Date of Birth)

The date of birth of the patient, in the format YYYY/MM/DD. Note that this data must match the data at the pharmacy <u>exactly</u> in order for the reimbursement to happen correctly.

Language

The preferred language of the patient, in the format E (English), or F (French).

Limit

The annual or plan year dollar limit of all reimbursements made to this patient on behalf of this program. This applies to ALL transactions, and is a limit on the value of the sum of all the transactions, starting at the Start Date with a new enrolment, or the Start or Rollover date with an existing enrolment, indicated in the file and ending either one year after that date, or when the limit is reached.

Rate

The reimbursement rate for <u>each</u> transaction. This is the percentage of the <u>total claim</u> that the plan will pay each individual transaction. Note that this percentage applies to the TOTAL amount claimed, NOT the amount remaining to be paid. Note also that the overall maximum claim amount allowed per transaction is controlled by DIN pricing, unless DIN pricing is turned off. The rate specified must be whole percentages between 1 and 100%.

Start Date

The start of support eligibility and initial patient card activation under the program, in the format YYYY/MM/DD. Once initially entered and submitted, this date cannot be changed.

End Date

This is not the 'year end' date, but rather the date all coverage under this program ceases, in the format YYYY/MM/DD. Does not have to coincide with policy renewal date.