

EXCEPTION REQUEST FORM



Please print clearly.

PATIENT INFORMATION

RWAM Group # 490002	Name of Insured	Student I.D.#
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ATTENDING PHYSICIAN STATEMENT

Patient's Name	
Product Name	Strength
	Dosage Form
	Quantity
Is this the primary or first-line therapy?	Duration of therapy
Description and results of prior therapy	
Specific clinical and diagnostic evidence supporting the use of this medication	
Physician's Name	Physician's Phone Number
Physician's Signature	Date

TO BE COMPLETED BY RWAM INSURANCE ADMINISTRATORS INC.

Approval / Decline	Date
Limitations	Estimated Cost

This form must be completed in full. If not, the form will be returned to you which will delay the processing of your request. If you have any questions regarding your student health plan, please inquire at the on-site WLU Health Plan Co-ordinator's Office: Fred Nichols Campus Centre, 3rd Floor, 75 University Ave. West Waterloo, ON N2L 3C5 Tel. (519) 884-0710 ext. 3557.

Once completed, please forward to: RWAM INSURANCE ADMINISTRATORS INC., 49 Industrial Drive, Elmira, ON N3B 3B1



Health & Dental Coverage For Students
Arranged by Campbell & Company Insurance Consultants Ltd.