

Program Evaluation

Patient Name: _____ Date: _____

EVALUATION	<p>This form is used for the purpose of program evaluation of the patients quit smoking status.</p> <p>Successful Quit: PIN 93899944</p> <ul style="list-style-type: none"> The successful quit PIN is claimed when a patient indicates at any time during the program that he or she has successfully quit smoking. Once the PIN is claimed, no further meetings are scheduled or billable. <p>Unsuccessful Quit: PIN 93899945</p> <ul style="list-style-type: none"> The unsuccessful quit PIN is claimed when a patient indicates at any time during the program that he or she has not succeeded in quitting smoking. Once the PIN is claimed, no further meetings are scheduled. The pharmacist should inform patients who withdraw from the program of their eligibility to re-enroll at a later date (one year from the date of their first consultation with the pharmacist). <p>Unknown Status / Program Withdrawal: PIN 93899946</p> <ul style="list-style-type: none"> The unknown status PIN is claimed when a patient cannot be reached to continue with his/her program or when a patient withdraws from the program without indicating their success in quitting smoking. <p>Additional Information:</p>
	<p>Name of Pharmacist:</p>
<p>On completion of documentation, submit electronic claim using:</p> <p>PIN 93899944 – successful quit PIN 93899945 – un-successful quit PIN 93899946 – unknown quit status</p> <p>(limit to ONE of the above claims per year as applicable to quit smoking status) To be filed for documentation and evaluation purposes A copy may be provided to the patient</p>	

*To be filed for documentation and auditing purposes: 2 years for audit under the ODB program
10 years as part of the patient health record*