Indigenous Services Canada | Services aux Autochtones Canada

NIHB Medical Transportation Application Form

○ **URGENT** **FAX COMPLETED FORM TO: 866-551-5650**

Client Information

Last Name:	Given Name:
Status Number: (10 digit status number or Inuit identification Number)	Date of Birth: (MM/DD/YYY)
Current address: (Street Number and street name if not available mailing address)	

City:	Province:	Postal Code:	Phone: ( )

Appointment Information (APPOINTMENT NOTICE REQUIRED-please include with forms)

Health Professional _____Address_____

Health Facility _____Address_____

Date_____ time _____

Escort Information (Must be filled out by a Medical Professional)

Escort Name (if known):

All clients under the age of 18 qualify for an escort (age of majority is as determined by provincial/territorial legislation).

Coverage for a non-medical escort may be approved when there is a legal or medical requirement that results in the client being unable to travel
alone, such as where the client:

- □ Is a minor;
- □ Requires alternative legal consent/decision making;
- □ Requires assistance with activities of daily living (e.g. assistance with dressing, eating, bathing etc.);
- □ Faces a language barrier (i.e. health services at the referred location are not available in the clients spoken language(s));
- □ Is to receive instruction on specific and essential home medical/nursing procedures that cannot be given to the client only;
- □ Is undergoing a medical procedure (e.g. outpatient general anesthetic) or has a medical condition that will result in the client requiring assistance during the trip; and/or,
- □ Is a pregnant woman whose trip is for the purpose of childbirth (including being closer to care while awaiting childbirth).

_____ _____

[Name and Signature of Medical Doctor or Community Health Professional] Date (MM/DD/YYYY)

I hereby attest that in my professional, medical opinion as the treating health professional, that the client is unable to travel alone as a result of a medical or legal requirement and that an escort is required to support the client for at least one of the reasons indicated above.

***Privacy notice**: The personal information you provide to Indigenous Services Canada is governed in accordance with the Privacy Act. We only collect the information needed to administer the NIHB Program. Collection of information for this purpose is authorized under the Department of Health Act. We require this information for the adjudication of claims. Your personal information may be disclosed without your consent, but only in accordance with subsection 8(2) of the Privacy Act. For more information: This personal information collection is described in Info Source, available online at infosource.gc.ca. Refer to personal information bank HC PPU 401. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. For more information, please contact atip-aiprp@rcaanc-cirnac.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.*

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Benefit Information

Date of Departure: Time of Departure: □ a.m. □ p.m.

Date of Return: Time of Return: □ a.m. □ p.m.

Transportation

□ Bus □ Air □ Train □ One-Way □ Return

Vendor:

(If Applicable) Total : $_____

□ Mileage #kms _____ □ One-Way □ Return Rate 0.265 cents/km Total $_____

□ Parking - details_____ Total $_____

□ Contracted driver – Name of driver _____ Total $_____

□ Taxi _____ Total $_____

□ * Other (provide details) _____ Total $_____

□ Escort Requires Same as Above - If box is not checked, please provide details:

Accommodations

Dates _____ #Nights_____ Total with taxes $_____

□ *Commercial - Name of Establishment: _____

□ Boarding Home - □ Wequedong Lodge □ Sioux Lookout First Nations Health Authority (SLFHNA)

□ Private ($13.50/night)

Vendor: _____

Meals

Meals: Commercial Adult : Breakfast $19.00 Lunch $19.00 Supper $38.00; Child Under 4 years = ½ of Adult
Private Adult: Breakfast $9.50 Lunch $9.50 Supper $19.00; Child Under 4 years = ½ of Adult

Client Meals (If additional dates are required please provide on separate sheet)

Date(s):_____ □ B □ L □ D

Escort Meals (If additional dates are required please provide on separate sheet)

Date(s):_____ □ B □ L □ D

Vendor:

Total Meals Requested: Client $_____ Escort $_____

Reimbursement is dependent upon client attending appointment.

Completed By:_____Title_____Date:_____

***Important** Completion of all fields is mandatory. Incomplete requests will be returned to the sender for completion. The completion of this form signifies that to the best of your knowledge the information that is being submitted is correct and true. The Medical Transportation Policy Framework can be viewed at http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/_medtransp/2005_med-transp-frame-cadre/index-eng.php