



NUCHATLAHT TRIBE MEMBER MEDICAL TRAVEL APPLICATION PACKAGE

APPLICATIONS INCLUDED IN THIS PACKAGE:

- FNHA Sponsored Medical Travel Application for Nuchatlaht Membership
 - DR Referral/appointment must be submitted to office prior to scheduled appointment
 - Written Confirmation Client Attended Appointment*
* (MUST BE COMPLETED AFTER APPOINTMENT)
-

The Medical Travel Benefit is sponsored by the First Nations Health Authority (FNHA) and is available to registered First Nation Clients in BC. Registered Nuchatlaht Members may apply to receive the following support:

- Transportation funding to attend out-of-town appointments (ie: To and from travel destination funding, BC Ferries Funding (if applicable), Taxi Fare, Travel Bus Funding etc.)
- Meal Allowance
- Escort Funding (if applicable)
- Overnight accommodations (If you have an early appointment, or require overnight accommodation to attend early or late appointments)

Please ensure to include all applicable information when filling out your application. Incomplete applications may be rejected or returned to the applicant.

Please send completed applications to: AUDREY.SMITH@nuchatlaht.com or fax to 250-332-5907



Nuchatlaht Tribe Administration
 P.O. Box 40, Zeballos B.C. V0P 2A0
 Phone: 250-332-5908
 Fax: 250-332-5907
 SUMBIT TO: AUDREY.SMITH@NUCHATLAHT.COM



CONFIDENTIAL MEDICAL TRAVEL APPLICATION

SPONSORED BY: FNHA

CLIENT INFORMATION

NAME OF CLIENT: _____ **Birthdate (MM/DD/YYYY):** _____

Client Status Number: 639- _____ **Care Card Number:** _____

ADDRESS TRAVELLING FROM

Street: _____ **City:** _____ **Postal Code:** _____

CONTACT INFORMATION

Phone Number: _____ **Email:** _____

Do you require an escort to attend your appointment? Yes: **No:**

Escort Name: _____ **Own Vehicle:** **Other:** _____

APPOINTMENT INFORMATION

PURPOSE OF APPOINTMENT: _____ **Name of Physician:** _____

NAME OF HEALTHCARE FACILITY: _____

*** YOU MUST SEND IN DR REFERRAL OR ATTACH TO THIS APPLICATION**

REFERRAL SENT: **REFERRAL ATTACHED :**

APPOINTMENT DATE: _____ **APPOINTMENT TIME:** _____

Date Leaving Home: _____ **Time Leaving Home:** _____

Date Returning Home: _____ **Time Returning Home:** _____

OVERNIGHT ACCOMMODATION

Do you require overnight accommodations to attend this appointment?: Yes: **No:**

If you require overnight accommodation, select one of the following:

Hotel accommodation OR **Private accommodation*** (*\$25.00 ALLOWANCE FOR STAYING IN PRIVATE RESIDENCES)

If you selected "Hotel Accommodation", please indicate the following:

Check In Date: _____ **Check Out Date:** _____

TRAVEL TYPE INFORMATION

Do you require any of the following services to attend your appointment? Yes: **No:**

BC Ferries: **Local Taxi:** **Plane:** **Travel** **Local Bus:** **Other:** _____

Bus/Islandlink:

PLEASE SEND COMPLETED APPLICATIONS TO: AUDREY.SMITH@NUCHATLAHT.COM OR FAX TO 250-332-5907



Nuchatlaht
P.O. Box 40, Zeballos B.C.
V0P 2A0



CONFIRMATION CLIENT ATTENDED APPOINTMENT

To be completed by Health Professional or Health Facility

The First Nations Health Authority provides Medical Transportation Benefits to assist BC First Nations clients access medically required health services that cannot be obtained on the reserve or in the community of residence.

One criteria of the Medical Transportation Program is that the client must provide written confirmation of attendance from the health provider. This confirmation is required to be submitted by the client after attending their scheduled appointment.

Please confirm the following patient has attended their scheduled appointment at your healthcare facility:

CLIENT INFORMATION:	
NAME:	DATE OF BIRTH (MM/DD/YYYY):
APPOINTMENT INFORMATION:	
TIME OF APPOINTMENT:	DATE OF APPOINTMENT (MM/DD/YYYY):
HEALTHCARE FACILITY CONFIRMATION STAMP OR SIGNATURE:	

PLEASE SUBMIT COMPLETED FORMS VIA FAX OR EMAIL TO THE FOLLOWING:
FAX TO: 250-332-5907 | EMAIL TO AUDREY.SMITH@NUCHATLAHT.COM

