



Non-Insured Health Benefits Program
Claim for Medical Transportation Reimbursement
Reimbursement requests will only be considered up to one year from the date of service with original receipts.

Trips require Pre-authorization by calling NIHB toll-free at 1-800-565-3294 (Press #2 for Transportation)

NIHB Pre-authorization Number:																				
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Section 1 - Patient Information

Patient's Name: _____ Band Name: _____

Patient's Address: _____ Band #: _____

_____ Date of Birth: _____ / _____ / _____
Day Month Year

Escort Name and Band Number: _____

Patient's Signature : _____

(This signature is mandatory. If patient is under the age of 16, his/her parent / legal guardian must sign):

Section 2 - Appointment Information
This section must be completed by an official from the medical facility.
All information must be provided in order to be considered for reimbursement.

Appointment Date: _____ / _____ / _____ Appointment Time: _____
Day Month Year

Doctor's Name: _____

Medical Facility's Phone Number (for appointment verification): _____

Name of Medical Facility: _____

Address of Medical Facility: _____

Signature or Stamp of Official from Medical Facility: _____

Section 3 - Claim Information

Distance: _____ # Kilometres (Return Trip): \$ _____

Meals *(Only approved for appointments of six (6) hours or more):*

_____ Breakfast(s) # _____ Lunch(es) # _____ Dinner(s) *(Receipt must be attached)*

Accommodations *(Only approved for trips over 600 km return):*

Accommodation Cost: \$ _____ *(Receipt must be attached)*

Name of Accommodation Facility: _____

Reimbursement cheque should be made payable to:

Name: _____

Address: _____

Phone Number: _____

Mail this completed form along with receipts (if applicable) to:

Non-Insured Health Benefits
First Nations & Inuit Health
Health Canada
Suite 1525, 15th Floor, Maritime Centre
1505 Barrington Street
Halifax, NS B3J 3Y6