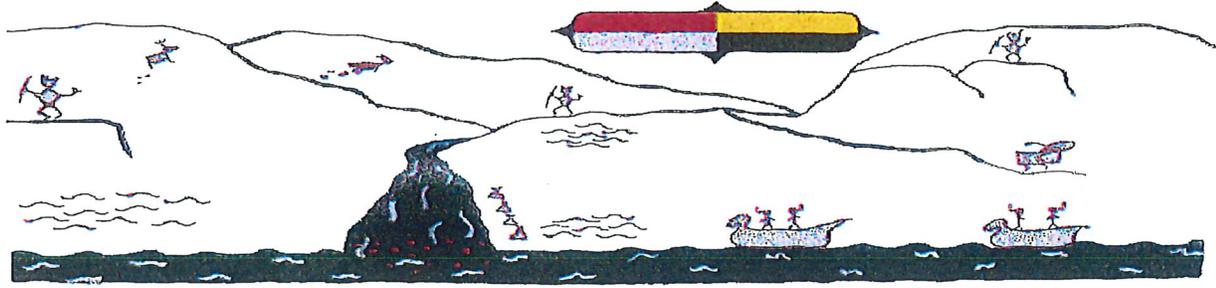


Kanaka Bar Indian Band



REQUEST FOR PATIENT TRAVEL

PATIENT TRAVEL FORM MUST BE COMPLETED BEFORE PROCESSING

Referral letter must be attached.

Date: _____

Clients Name: _____

Status #: _____

DOB: DD/MM/YYYY: _____

Care Card #: _____

Dr's Name: _____

Dr's Phone #: _____

Date of Appointment: _____

Time of Appointment: _____

Location of Appointment: _____

Driving Self: YES NO

Going by bus: YES NO

Escort Needed: YES, NO

Who? _____

Why? _____

Cheque payable (to client) _____

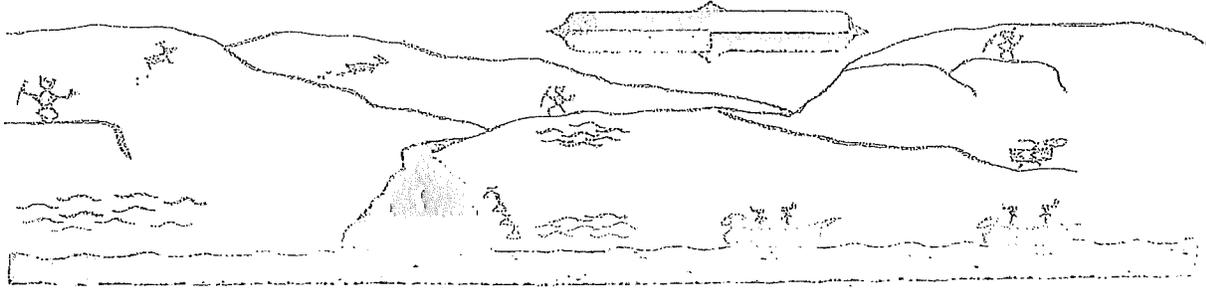
Do you want Cheque mailed out YES NO

If so, Mailing Address: _____

Phone # you can be reached at if any questions: _____

Client Signature: _____

Kanaka Bar Indian Band



CONFIRMATION OF ATTENDANCE FORM

Personal & Confidential

The First Nations Health Authority (FNHA) program provides Medical transportation benefits to assist First Nations clients to access medically required health services that cannot be obtained on the reserve or in the community of residence.

One criterion of the FNHA program is that the client must submit a signed and/or stamped confirmation of Attendance form to our office in order to be reimbursed or have future travel assistance. Failure to submit the required information will result in travel claim to be denied for reimbursement.

So, this client can continue to receive financial assistance through our FNHB:

PLEASE CONFIRM THAT: _____ DOB: _____

Attended a medical appointment with your office on the following date(s):

Escort required: YES _____ NO _____

Reason: _____

Physician's Professional Stamp here please:

Physician Name: _____ Authorized Signature: _____

This form must be stamped with the Physicians address or signed by the physician confirm your attendance. Please ensure that the date and time of the appointment has also been included on the form.

PENDING APPOINTMENT (IF KNOWN)

Date of appointment _____ Time: _____