



# Kanaka Bar Indian Band



## Request for Patient Travel

Patient Travel Forms **MUST BE COMPLETED BEFORE PROCESSING**  
Referral letter must be attached

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date MM/DD/YYYY

Full Name: \_\_\_\_\_

Status #: \_\_\_\_\_

D.O.B: MM/DD/YYYY: \_\_\_\_\_

Care Card: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Appointment Details

DR's Name: \_\_\_\_\_

Time of Apt: \_\_\_\_\_

DR's Phone #: \_\_\_\_\_

Location of Apt: \_\_\_\_\_

Date of Apt: \_\_\_\_\_

Facility Name: \_\_\_\_\_

### Transportation Details

Driving self: YES NO

Escort Needed YES NO

Health Driver: YES NO

Who? \_\_\_\_\_

### Direct Deposit Info:

Payable to: \_\_\_\_\_

Cheque: YES NO

Postal Address: \_\_\_\_\_

Account # \_\_\_\_\_

Branch # \_\_\_\_\_

Institute # \_\_\_\_\_

Client Signature: \_\_\_\_\_

Please NOTE: All travel requests are now REIMBURSEMENTS ONLY