



First Nations Health Authority  
Health through wellness

# Patient Travel for Medical Benefits Form



As of June 1st 2015, the following form must be completed and attached to your appointment confirmation. This form is **MANDATORY** and to be completed **BY THE PATIENT!!**

Date Form is Submitted: \_\_\_\_\_

<b>CLIENT NAME:</b>	
<b>CLIENT STATUS NUMBER:</b>	
<b>DATE OF BIRTH:</b> (dd/mm/yy)	
<b>APPOINTMENT LOCATION:</b>	
<b>DATE OF APPOINTMENT:</b>	
<b>Health Care Specialty</b> (Reason for Travel):	
<b><u>Internal Use ONLY Below</u></b>	
Please mark if a P.O. or Cheque was issued	
<input type="checkbox"/> P.O. Number :	
<input type="checkbox"/> Cheque Number :	
<b>Total Amount Issued :</b>	

Staple your appointment confirmation to this form.

Patient travel assistance will be processed within 5 business days after submission of this form.