



First Nations Health Authority
Health through wellness

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Insert Date

Dear Client:

The First Nations Health Authority (FNHA), Health Benefits has designed this check list in order to process your medical transportation travel and/or reimbursement request in a timely manner. Correct completion of the required forms and associated documentation is crucial to ensure that your travel request and/or reimbursement is processed quickly and efficiently.

Request for Medical Transportation Form

This form must be filled out and submitted to our office at least **five (5) days prior to your appointment** to ensure sufficient time for our office to make your travel arrangements.

The following documentation must also be submitted along with the Medical Transportation request form:

- a. Documentation from a doctor's office confirming your upcoming appointment complete with the date and time
- b. Copy of the physician's referral including the office address, date, time, and reason for the appointment (if applicable) – FNHA, Health Benefits funds travel to the nearest appropriate health professional and/or health facility. Depending on the nature of your appointment, medical justification may need to be provided to support your travel request.

Physician Escort Request Form

If you require an escort, this form must be completed **by the physician** indicating the medical/legal reason for an escort. The physician should also include a brief description of why and/or how an escort would be assisting you.

Confirmation of Attendance Form

After your appointment is complete, this form must be **stamped by the physician** and/or **signed by the physician** where you attended your appointment confirming your attendance. Please ensure that the date and time of your appointment have also been included on the form. If the section regarding pending appointments is completed by the same doctor, this will eliminate the need to obtain another confirmation of appointment.

Reimbursements

In order to process your reimbursement the following required documentation must be sent to our office:

1. Request for Medical Transportation Form (please clearly indicate what you are requesting for reimbursement)
2. Confirmation of Attendance including date and time (signed/stamped by medical professional)
3. Copy of Physician's Referral (if applicable)
4. Physician Escort Request Form (if applicable)
5. Original receipts complete with all travel information (if applicable)

Notes about receipts:

- We do not accept faxed copies or photocopies of receipts
- We do not accept receipts that have been altered without confirmation from the provider
- We do not require gas and/or meal receipts as those totals are calculated in office based on regional mileage and meal allowance rates

FNHA policy states that all invoices submitted for payment for the reimbursement of expenses for medical transportation benefits must be submitted within one (1) year of the service being provided. Requests for reimbursements submitted more than one (1) year after the service is rendered will be rejected.

It is recommended that you make photocopies of all documentation submitted to our office for your reference.

We hope that you find this information helpful. If you have any questions please feel free to contact our office at 1-800-317-7878, press#1 and then #3 for Patient Travel.

Yours Truly,

Health Benefits
Patient Travel
First Nations Health Authority