



First Nations Health Authority  
Health through wellness

**CONFIRMATION OF ATTENDANCE FORM**  
**PERSONAL AND CONFIDENTIAL**

**To be completed by Health Professional or Health Facility and fax to 1-888-299-9222**

The First Nations Health Authority, Health Benefits, provides Medical Transportation Benefits to assist First Nations clients, who are residents of BC, to access medically, required health services that cannot be obtained on the reserve or in the community of residence.

One criteria of the Medical Transportation 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 arranged. We appreciate and thank you for your cooperation.

Please confirm that the following patient had attended the following appointment at your office:

Patient Name:	Date of Birth:
Date of Appointment:	Time of Appointment:

**Physician's Professional Address Stamp:**

STAMP HERE

Physician Name: (please print clearly):

Physician Signature:

\_\_\_\_\_

This form must be **stamped with the physician's address** or **signed by the physician** confirming your attendance. Please ensure that the date and time of the appointment has 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.

**PENDING APPOINTMENT (if known)**

Date of appointment: \_\_\_\_\_ Time: \_\_\_\_\_

***Internal Office Use Only***

Case #: \_\_\_\_\_ TA #: \_\_\_\_\_