Medical Transportation Confirmation of Appointment Form

First Nations Health Authority
Health through wellness

To be completed by a healthcare provider or facility and sent via fax to 1-888-299-9222 or email to transportation@fnha.ca

The First Nations Health Benefits Program provides Medical Transportation Benefits to support Clients accessing medically necessary health services not available in their community of residence.

Clients are required to provide written confirmation of their scheduled appointment(s).

Please confirm that the following patient has a scheduled appointment at your office:	
Patient name:	Date of birth:
Date of appointment(s):	Time of appointment(s):

Reason for appointment:

☐ Consultation ☐ Follow-up ☐ Annual check-up ☐ Surgery

If yes to any of the following, please specify at the bottom:

☐ Procedure (e.g. colonoscopy) ☐ Dental treatment ☐ Medical imaging ☐ Lab requisition

☐ Other

For inpatient care, please indicate the Client's expected admission and discharge dates below:

Admission: _____ Discharge: _____

Professional stamp:	Healthcare provider name: (Please print clearly)
	Healthcare provider signature: