Medical Transportation Confirmation of Attendance 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 that they have attended their appointment(s).

Please confirm that the following patient attended an 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/specify:

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

Admission: _____ Discharge: _____

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

Reimbursement

For Client to Complete:

If reimbursement is required (e.g. mileage payment), please indicate who the payment should be made to:

☐ Client ☐ Escort ☐ Other (please specify): _____

Please ensure to provide the mailing address, email address, phone number, and, if applicable, direct deposit information for the individual receiving payment.

Client's signature: _____