# Medical Transportation Escort Form

First Nations Health Authority
Health through wellness

| Patient name: | Date of birth: |
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**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 that are not available in their community of residence.

Escort coverage may be available for Clients who require assistance during travel. Coverage is subject to approval and must be supported by documentation from a healthcare provider.

**Please select the appropriate option below and briefly describe the escort's role and the specific assistance they will provide to the Client.**

- ☐ The Client has a physical or mental disability and requires assistance with activities of daily living (e.g., dressing, eating, bathing).
- ☐ The Client faces a language barrier and does not speak or understand English.
- ☐ The escort requires instructions on necessary medical procedures that cannot be given to the Client alone (briefly describe what instructions are being given).
- ☐ The Client has a medical condition that affects their mobility, cognition, or ability to travel independently.

**Required field:** Briefly describe how the escort will assist the Client:

| Healthcare provider's signature: | **Healthcare provider's name:** (Please print clearly) |
|---|---|
| | **Date signed:** |