



Tseshaht First Nation

5091 Tsuma-as Drive, Port Alberni, BC V9Y 8X9
Phone: 250-724-1225 Social & Health Fax: 778-419-2725

PATIENT TRAVEL REQUEST FORM

Procedures:

1. Please request your doctor's office to fax confirmation of your appointment to the band office.
2. **Please fill out ALL SPACES of this form; do not leave any blank spaces. INCOMPLETE FORMS CANNOT BE PROCESSED.**
3. **Please submit this form with appointment confirmation at least 5 working days prior to your appointment.**
4. Have the doctor's office sign/stamp the Confirmation of Attendance Form.

CLIENT INFORMATION:

Name: _____ Band Name: _____
 Date of Birth: _____ Status No.: _____
Day Month Year
 Care Card No.: _____ Phone No.: _____
 Address: _____
Street City Postal Code
 Residence: On Reserve Off Reserve

APPOINTMENT INFORMATION:

Referred by: _____ Referral Doctor's Phone No.: _____
 Name of specialist: _____ Specialists Phone No.: _____
 Specialist Address: _____
 Reason for seeing specialist: _____
 Appointment Date: _____ Appointment Time: _____ AM / PM

TRAVEL INFORMATION:

ICBC Claim: Yes No Transportation: Bus Car Other: _____
 Escort Required: Yes No Reason for Escort: _____
 Escort Name: _____ Escort Status No.: _____
 Destination: From: _____ To: _____
 Departure Date: _____ Time Leaving: _____ AM / PM
 Return Date: _____ Return Time: _____ AM / PM
 Accommodations Required: No Yes Please book me a hotel Private Accommodations

Terms:

1. **72hours notice is required for hotel cancellations; if no notice is made, patients are responsible for the hotel expense. To cancel a reservation, please contact the patient travel clerk.**
2. **If you cancel or change your appointment, please contact the patient travel clerk.**
3. **If you miss your appointment for which you have received patient travel, you are responsible to return or repay the patient travel funds; you will not be eligible for future patient travel until you do so.**
4. **I agree to be responsible for all costs over and above NIHB patient travel authorization.**
5. **Cheque issue: 2 pm day before appointment (as long as patient fully completes this form, and submits the form at least 5 business days before appointment, and there are no circumstances beyond staff control).**

I have read the patient travel terms & procedures, and I agree to abide by them. I confirm that the information provided above is true and correct.

Signature: _____ Date: _____