

SECTION 3: AIR TRAVEL:

Requests for travel by air may be approved, following a treating health professional's **request** only when there is a medical requirement.

As a health professional, I have assessed this client specifically in relation to his/her fitness to travel by car or bus

Could the client travel alone by car or bus?

Could the client travel by car or bus if there was a non-medical escort travelling with him/her?

Is air travel medically necessary due to significant medical risks from road travel?

SECTION 4: TRAVEL BEYOND THE NEAREST APPROPRIATE HEALTH FACILITY :

Requests for travel beyond the nearest facility within the Atlantic Region may be approved, following a treating health professional's **request** only when there is a medical requirement. Out of region requests maybe require additional information.

As a health professional

I certify that this is the closest appropriate provider, given the specialty/sub-specialty required

SECTION 5: Health Professional Signature (MUST BE COMPLETED)

Health Professional Name (please print): _____ Telephone Number: (____) _____

Health Professional Address: _____

Health Professional Signature: _____ Date: _____

Fax this completed form to: Non-Insured Health Benefits, Fax 1-709-679-2344