

Benefit Exception Requests
Please complete ONLY the section(s) that applies to the request
Section 1 and 5 must be completed

SECTION 1: CLIENT INFORMATION (MUST BE COMPLETED)

Client's Full Name: _____

Date of Birth (yyyy/mm/dd): _____ / _____ / _____ Client ID #: _____

SECTION 2: NON-MEDICAL ESCORTS

The Non-Insured Health Benefits (NIHB) policy for Non-Medical Escorts is found in Section 5.5 of the NIHB *Medical Transportation Policy Framework*. The provision of one non-medical escort may be approved, following a health professional's **request** only when there is a legal or medical requirement.
Non-medical escorts cannot be considered based on 'compassionate grounds'. (Section 12.1 Exclusions)

As a health professional, I consider it medically necessary for this client to have one non-medical escort

#1 PLEASE SELECT ALL THAT APPLY

Needs assistance prior to or immediately after a medical procedure (e.g. general anesthetic for day surgery)

Requires alternative legal consent/decision making

Requires assistance with activities of daily living while travelling (not for hospital admission)

To receive instruction on specific and essential home medical/nursing procedures before discharge

A language barrier prevents this client from accessing medically required services

#2 PLEASE SELECT ALL THAT APPLY

While the client is travelling both ways between home and their medical appointment.

While the client is admitted to hospital. **Please explain why the hospital staff cannot fulfill the client's needs:**

To travel home at the time of discharge after an admission to a medical facility

While the client is staying near the hospital, as instructed, after surgery or during extended out-patient treatment

This client will require a non-medical escort from _____ / _____ / _____ to _____ / _____ / _____
yyyy/mm/dd yyyy/mm/dd

Long Term: To be reassessed by NIHB every year with an updated non-medical escort request submitted by a treating health professional

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, Atlantic Regional Office, Fax 1-866-963-7700

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