

## NIHB Medical Transportation Client Reimbursement Form

### Instructions:

- You have **one year** from the date the service(s) was provided to apply for reimbursement.
- Remember to include your Band registration (or identification) number.
- Ensure you have **signed** and completed all sections of your reimbursement form and included all necessary documents, or your claim will be returned to you.
- Original receipts are required, therefore faxed copies of your claim will **not** be accepted.
- If you have received prior-approval for your medical trip, please be sure to include the Travel Authorization (TA) number in your claim.
  - Note: TA numbers are only valid for one trip. The next trip you take will require a new pre-approval and TA number. Please contact a NIHB Support Specialist by calling 709-634-0996.
- If you are required to travel beyond the nearest health facility, medical justification will be needed. **Medical Justification** explains why you had to travel past the nearest Health Facility for your medical needs.
  - You may have your **health care provider** complete the Benefit Exception Request Form (see link below) and submit this form with your claim.
- Sign up for Electronic Funds Transfer (EFT) to receive your reimbursement.
  - Complete the Electronic Funds Transfer Form (see link below) and mail it to the address below or call 709-634-0996 to speak to a Support Specialist to discuss emailing it in.
- All Medical Transportation reimbursement claims must be mailed to the Corner Brook office at:

NIHB Medical Transportation Program  
3 Church Street  
Corner Brook, NL  
A2H 2Z4

### Contact Information:

- To set up a pre-approval for your medical transportation requirement please call 709-634-0996 to speak to a Support Specialist.
- For general inquiries regarding medical transportation call 709-634-0996 to speak to a Support Specialist.

### Supporting Documents:

- Click here to access the [Benefit Exception Request Form](#)
- Click here to access the [EFT Direct Deposit Form](#)

**Note:** The documents listed below can also be found on <http://qalipu.ca/health/non-insured-health-benefits/> or at your local band office.





### Additional Appointment Confirmations

This page may be used instead of appointment confirmation letters from your health professionals.

---

1. Appointment Date (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Appointment Time in: \_\_\_\_\_ Appointment Time out: \_\_\_\_\_

Physician/Health Professional's Name (Print): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Name and Address of Health Facility: \_\_\_\_\_

Signature/Stamp from Health Facility (Mandatory): \_\_\_\_\_

---

2. Appointment Date (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Appointment Time in: \_\_\_\_\_ Appointment Time out: \_\_\_\_\_

Physician/Health Professional's Name (Print): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Name and Address of Health Facility: \_\_\_\_\_

Signature/Stamp from Health Facility (Mandatory): \_\_\_\_\_

---

3. Appointment Date (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Appointment Time in: \_\_\_\_\_ Appointment Time out: \_\_\_\_\_

Physician/Health Professional's Name (Print): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Name and Address of Health Facility: \_\_\_\_\_

Signature/Stamp from Health Facility (Mandatory): \_\_\_\_\_

---

4. Appointment Date (yyyy/mm/dd): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Appointment Time in: \_\_\_\_\_ Appointment Time out: \_\_\_\_\_

Physician/Health Professional's Name (Print): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Name and Address of Health Facility: \_\_\_\_\_

Signature/Stamp from Health Facility (Mandatory): \_\_\_\_\_

---