

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 <u>Medical</u> <u>Transportation Policy Framework</u> . 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 <u>cannot</u> 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 /////////////////////////////
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, Fax 1-709-679-2344