

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?
- ☐ For the client's medical appointment on / /
yyyy/mm/dd
- ☐ For the client's medical appointments from / / to / /
 yyyy/mm/dd yyyy/mm/dd
- ☐ Long term: to be reassessed by NIHB every year with an update request submitted by a treating health professional

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

- ☐ For the client's medical appointment on / /
 yyyy/mm/dd
- ☐ For the client's medical appointments from / / to / /
 yyyy/mm/dd yyyy/mm/dd
- ☐ Long term: to be reassessed by NIHB every year with an update request submitted by a treating health professional

SECTION 5: Health Professional Signature (MUST BE COMPLETED)

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

Health Professional Address: _____

Health Professional Signature: _____ Date: _____

Please mail the completed form the Corner Brook office:

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