Qalipu FIRST NATION

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; see checklist below.
- Original receipts are required for accommodations; however, fuel and food receipts are NOT required. Faxed copies of your claim will **not** be accepted.
- 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.
- Sign up for Electronic Funds Transfer (EFT) to receive your reimbursement.
    - Complete the Electronic Funds Transfer Form and mail it to the address below or call 709-634-1147 or 709-634-0996 to speak to a Support Specialist to discuss emailing it in.
    - Click here to access the EFT Form.

Contact Information:

- For general inquires or to set up a medical transportation pre-approval, call 709-634-1147 or 709-634-0996. All pre-approval documentation can also be emailed to mtpreapprovals@qalipu.ca.
- All claims can be emailed in PDF format to mtreimbursement@qalipu.ca.

Supporting Documents:

All NIHB forms can be found at **https://qalipu.ca/forms/** or at QFN Offices.

Checklist:

- ☐ Name
- ☐ Address
- ☐ Band Registration number
- ☐ Letter of attendance
- ☐ Medical Justification Letter, if required
- ☐ Accommodation Receipts, if required
- ☐ Detailed Statement from other medical plan, if required.
- ☐ Signature

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Medical Transportation Reimbursement Form

All requests for reimbursement of eligible benefits must be made **within one year from the date of service**. Please submit ALL required documents and keep a copy of this form with all supporting documents for your records.

Forms that are unsigned or incomplete will be returned. Faxed claims will *NOT* be accepted.

Call to Speak to a Support Specialist for Prior Approval call 709-634-1147 or 709-634-0996

Section 1 - Client Information

Client's Full Name: _____

Date of Birth: ____ / ____ / _____
dd / mm / yyyy

Band Registration #: _____

Client's Home Address: _____ Phone Number: (___) _____

City: _____ Prov: _____ Postal Code: _____

Non-Medical Escort's Name (requires prior approval unless client is a minor): _____

Are you covered for any of these expenses under any other health plan(s)/program(s) ☐ Yes ☐ No

If **YES,** please attach a copy of a detailed statement or explanation of benefits form from all other plan(s)/program(s).

Section 2 - Payment Information

Provide the name and address of the person or organization to which payment should be made. The payee must be of the provincial legal age.

IF PAYEE INFORMATION IS THE SAME AS THE CLIENT INFORMATION CHECK HERE ☐

Cheque payable to: _____

Mailing Address: _____

City: _____ Prov: _____ Postal Code: _____

Section 3 - Appointment Information

Appointment Date: ____ / ____ / _____ Time In: _____ Time Out: _____
dd / mm / yyyy

A "Letter of Attendance" from the health facility must be attached.

Did you travel past the nearest health facility?

If YES, **provide medical justification.** **YES** ☐ **NO** ☐

The appointment service must be insured by your provincial health plan (MCP, MSI, NB Medicare, PEI Medicare) or Non-Insured Health Benefits for medical transportation reimbursement.

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Section 4 - Claim Information

Please check all that apply.

☐ **TRANSPORTATION:** Receipts for fuel are not required

Original itemized receipt(s) must be attached for the following items:

Tolls: $ _____ Bridge: $ _____ Parking: $ _____ Other: $ _____

☐ **ACCOMMODATIONS:** For trips over 600 km return, original itemized receipt(s) from commercial accommodations must be attached. Commercial accommodation reimbursement rate: Up to $160.00 per night.

Private accommodations: $13.50/night per person ☐

☐ **MEALS:** Approved if travel time away from home is over 6 hours (receipts are not required).

NIHB Daily Rates: Breakfast $19.00 Lunch $19.00 Dinner $38.00

Rates are half for children under 3 years of age (inclusive)

NIHB Weekly Rates (5 days or more): $168/week for one person $252/week for two people

Section 5 - Authorization and Signature

Health Canada requires your authorization in order to collect information from your medical provider (including confirmation of appointment attendance) for services provided to you. I authorize the release of any records that are relevant to the processing and payment of this claim to Health Canada, it's agents or contractors, or any appropriate Health Professional licensing or Regulatory Body for the purpose of administrative audit. I declare the information to be true and accurate and does not contain a claim for any benefit or service previously paid for by Health Canada or by any other plan(s)/program(s) that is noted in the statement or explanations of benefits.

PRINT NAME: _____ **SIGNATURE:** _____ **DATE:** ___/___/_____
dd / mm / yyyy

(Signature is mandatory. If client is under the age of 16, the parent / legal guardian must sign)

Mail this completed form along with receipts (if applicable) to:

Qalipu Mi'kmaq First Nation Band
3 Church Street
Corner Brook, NL A2H 2Z4

Faxed claims will be returned, and a mailed copy will be requested

Privacy statement: Health Canada also requires your authorization in order to collect information from your medical provider for services provided to you and paid for by the Non-Insured Health Benefits Program. The NIHB Program is committed to protecting your privacy and safeguarding the personal information in its possession. When a request to provide coverage for benefits is received, the NIHB Program collects, uses, discloses and retains your personal information in accordance with the applicable federal privacy laws and policies. Further details of the NIHB Privacy Code can be found on the Health Canada website: https://www.sac-isc.gc.ca/eng/1578072742668/1578072802513.