NON-INSURED HEALTH BENEFITS (NIHB) COMMUNITY DENTAL BENEFITS, DENTAL SERVICES DAILY RECORD TEMPLATE (DSDRT) REPORT - SK

DCI Number/Fiscal Year: HC-P044 (2020-2021)

NOTE: This document is a representation of the reporting requirements for DCI HC-P044. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office and are identified in bold lettering or italics throughout this document. Please contact your ISC-FNIHB Regional Office if you have not received a copy of the documents, if you have questions, or require assistance.

Program Reporting Requirements:

Annual Report

Fiscal Year: ___________________________  Recipient: ___________________________

Annual Funding Level: ___________________  Funding Agreement Number: ______________

Number of Visits: ____________________________________________________________

Number of Clients Seen by Physician/Specialist:

________________________________________________________________________

The Recipient shall submit to the Minister a report which includes the following information:

1. How the benefits are being provided;

2. Factors affecting the delivery of the program;

3. Major accomplishments/challenges in the program during the reporting period; and

4. Other relevant observations, comments or information.