NON-INSURED HEALTH BENEFITS (NIHB) DENTAL PROVIDER TRAVEL ACTIVITY REPORT - NR

DCI Number/Fiscal Year: HC-P073 (2020-2021)

NOTE: This document is a representation of the reporting requirements for DCI HC-P073. 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:
Complete template NIHB DPT-C or other approved alternative.

NIHB DPT-C

Provider type: _______________  Provider name: _______________________________

Number of service days: _________  Number of travel days: _______________________

Community: ____________________  Number of weather days* (if applicable): __________

Dates visited: _________________  Number of non-eligible client seen during visit: ______

*NOTE: Weather Day claims must be supported by documentation by the airline

<table>
<thead>
<tr>
<th>Client surname</th>
<th>Client given name</th>
<th>Date of birth</th>
<th>Client identification number (HCN)</th>
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Other relevant observations, comments or information:
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