MEDICAL TRANSPORTATION CLIENT REIMBURSEMENT REQUEST INSTRUCTIONS

ELIGIBILITY REQUIREMENTS

- Timeline: Requests for reimbursement must be received within one year of the date of service.
- Applicable Policies: All NIHB Program policies (including eligible rates) and requirements for coverage at the time
 the services were provided will be applied.
- Residency: To be eligible, the client must be a resident of Canada
- Travel Location: Travel must be to a location within Canada and the service obtained in Canada.
- Travel Outside Canada: Travel to locations outside Canada may be eligible only if the treatment is being paid for with prior approval by the Provincial or Territorial Health Plan.

NON-ELIGIBILITY

- For Requests not processed by the NIHB Program: **do not use this form**.
- These requests are to be sent to the appropriate authority using its procedures (your regional office can provide contact information).
- Applies to Registered First Nations and Recognized Inuit served by other plans (i.e. self-government or other arrangements);
 - o Nisga'a or Nunatsiavut (all land claims beneficiaries)
 - o Nunavik Inuit or James Bay Cree (beneficiaries living in the land claims region)
 - o First Nations residents of BC (are served by the First Nations Health Authority)
 - o Benefits managed by the community under a transfer agreement with the NIHB Program, i.e. Communities which manage one or more benefits, such as medical transportation
 - o Akwesasne (ON) and Bigstone Cree Nation (AB) (manage all NIHB member benefits)

COMPLETING THE FORM

- Fully complete and sign the form (mandatory sections: 1, 3 & 4).
- Provide the client identification number (ie: Registered First Nations), a 10-digit registration number (also known as a status, band or treaty number). Inuit clients: use your 'N number' or Territorial Health Card number.
- For children less than 18 months of age, who do not yet have their own client identification number, provide a parent's client identification number.
- The client must be 16 years of age or older to sign. Payments can only be made to a person who is at least 16 years of age.
- Payments for a younger child are made to the parent or guardian indicated in section 2.
- A payment can be made to a community or organization (e.g., the Band Office if they provided a travel advance).
- For all claims for a child under age 16, or to ask that the payment be made to someone other than the client, also complete section 2.
- Provide your address and telephone number in case additional information is needed to process your request.
- Include the required supporting documents as noted on the Supporting Documents page.
- Once the form is filled out, signed and dated, make a copy of the request and all supporting documentation to keep for your records.
- Send the completed, signed and dated reimbursement form, along with supporting documents, to the address listed on the "Contact Information" page for your region.

DIRECT DEPOSIT

• Reimbursement can be made by direct deposit. To enroll for direct deposit, please complete the form located at https://www.sac-isc.gc.ca/eng/1592232608805/1592234588002#sec2 and include it with your first claim.

SUPPORTING DOCUMENTS (Supporting documents are to be included with the completed and signed form) Required Information:

- Signed document from the health care provider to confirm that you attended each medical appointment. This should include the name and address of the health care provider, as well as the date and time of the appointment.
- Original receipts for commercial accommodations, commercial carrier and paid parking (if claim is for accommodations, such as a hotel, or a carrier such as a bus or airline, or for paid parking lots). Accommodations will be paid up to the maximum established accommodation rate, which varies by urban centre.
- To claim for meals or private vehicle allowance, receipts are not required. These are reimbursed at established rates.
- If you have other health coverage (i.e. Private Group Insurance, Worker Compensation Benefits or other government plan), submit a detailed statement of Explanation of Benefits (EOB) from all other health plan(s) and copy of receipts.
- Items NOT accepted as receipts: Credit card/debit (interact) slips, cash register receipts or statements of account.
- To submit your claim for reimbursement, you may also use a medical transportation form provided by your regional
 office.
- For inquiries regarding supporting documents, contact the Regional NIHB Call Centre (below).

HOW TO SUBMIT

- Copy of the completed form and supporting documents for your records.
- Mail the completed and signed form along with supporting documents to the corresponding address listed below.
- For questions on submitting a client reimbursement request or on the status of the request, contact the **Regional Call Centre** (below).

REGIONAL CALL CENTER CONTACT INFORMATION

Alberta Region

Non-Insured Health Benefits 9700 Jasper Avenue, Suite 730 Edmonton, Alberta T5J 4C3 Telephone (toll-free):1-800-232-7301

Ontario Region

Non-Insured Health Benefits 2720 Riverside Drive, A.L. 6604E Ottawa, Ontario K1A 0K9 Telephone (toll-free): 1-800-640-0642

Northern Region (NWT & Nunavut)

Non-Insured Health Benefits 2720 Riverside Drive, A.L. 6604C Ottawa, Ontario K1A 0K9 Telephone (toll-free): 1-888-332-9222

Saskatchewan Region

Non-Insured Health Benefits 1783 Hamilton Street, Room 098 Regina, Saskatchewan S4P 2B6 Telephone (toll-free): 1-866-885-3933

Quebec Region

Non-Insured Health Benefits Guy-Favreau Complex, 2nd floor 200 René-Lévesque Boulevard West Montréal, Québec H2Z 1X4 Telephone (toll-free): 1-877-483-1575

Northern Region (Yukon)

Non-Insured Health Benefits 300 Main Street, Suite 100 Whitehorse, Yukon Y1A 2B5 Telephone (toll-free): 1-866-362-6717

Manitoba Region

Non-Insured Health Benefits 391 York Avenue, Suite 300 Winnipeg, Manitoba R3C 4W1 Telephone (toll-free): 1-800-665-8507

Atlantic Region

Non-Insured Health Benefits Suite 1525, 15th Floor, Maritime Centre 1505 Barrington Street Halifax, Nova Scotia B3J 3Y6 Telephone (toll-free): 1-800-565-3294