

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

DCI Number/Fiscal Year: HC-P079 (2023-2024)

NOTE: This document is a representation of the reporting requirements for DCI HC-P079. 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. 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 VC-C* or other approved alternative.

NIHB VC-C

Provider type: _____ Provider name: _____

Community and Dates visited: _____ Number of travel days: _____

Number of service days: _____

Number of weather days* (if applicable): _____

Number of non-eligible client seen during visit: _____

Number of clients remaining on waiting list: _____

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

Name	Date of Birth	Client Identification number (HCN)	Benefit Item	Cost

Day	Flight	Per Diem	Hotel	Freight	B	L	D