



Haisla Nation Council

H AISLA PO BOX 1101, KITAMAAT VILLAGE BC V0T2B0 TELE 1-888-842-4752; (250)639-9361 FAX 632-2840

Haisla Health News Release:

1. The **Community Support Worker** transports clients on our care list to medical appointments in Kitimat and Terrace. There are always competing demands and we often have to prioritize those pressing demands.

To receive this service, Clients must be:

- a. Receiving services under the Haisla Home and Community Care Program
- b. Have been assessed as elderly frail.
- c. Provide no less than 1-2 weeks notice to register ---- Acceptance will be based on first come first served.
- d. Medical Appointments to be booked between 9:00AM -12:00PM and 1:00PM - 2:00PM. Any appointments completed later than 2:30PM will require that clients arrange their own travel home.
- e. Have no family or other supports to help with travel to and from medical appointments.

Please Contact the Health Centre and arrange for assistance by calling 250-632-3600.

2. The Patient Travel Clerks need at least **10 business days** prior to your appointment to process your travel arrangements.
The FNHA requires the following documentation to be submitted along with the Medical Transportation request form:
 - a. Documentation from a doctor's office confirming your upcoming appointment, complete with the date and time.
 - b. Copy of the physician's referral including the office address, date, time, and reason for the appointment (if applicable) – FNHA, Health Benefits funds travel to the nearest appropriate health professional and/or health facility. Depending on the nature of your appointment, medical justification may need to be provided to support your travel request.

Physician Escort Request Form:

If you require an escort, the FNHA requires this form to be completed by the physician indicating the medical/legal reason for an escort. The physician should also include a brief description of why and/or how an escort would be assisting you.

Confirmation of Attendance Form:

After your appointment is completed, this form must be stamped by the physician and/or signed by the physician where you attended your appointment confirming your attendance. Please ensure that the date and time of your appointment have also been included on the form. If the section regarding pending appointments is completed by the same doctor, this will eliminate the need to obtain another confirmation of appointment.

Reimbursements:

In order to process your reimbursement, the following required documentation must be sent to our office:

1. Request for Medical Transportation Form (please clearly indicate what you are requesting for reimbursement)
2. Confirmation of Attendance including date and time (signed/stamped by medical professional)
3. Copy of Physician's Referral (if applicable)
4. Physician Escort Request Form (if applicable)
5. Original receipts complete with all travel information (if applicable)

Notes about receipts:

We do not accept faxed copies or photocopies of receipts.

We do not accept receipts that have been altered without confirmation from the provider.

We do not require gas and/or meal receipts as those totals are calculated in office based on regional mileage and meal allowance rates.

FNHA policy states that all invoices submitted for payment for the reimbursement of expenses for medical transportation benefits must be submitted within one (1) year of the service being provided. Requests for reimbursements submitted more than one (1) year after the service is rendered will be rejected. It is recommended that you make photocopies of all documentation submitted to our office for your reference. We hope that you find this information helpful. If you have, any questions, please feel free to contact our office at **250-632-3600**