

HEALTH BENEFITS MEDICAL TRANSPORTATION REQUEST FORM

Toll Free Phone Number: 1-800-317-7878 Toll Free Fa							
Local Phone Num				Il Fax Number: 604-666-3200			
Mailing Address: #540-757 Hastings Street W. CITY/PROVING				E: VANCOUVER, BC POSTAL CODE: V6C 3E6			
Part 1 – Client I	nformation						
Surname:				First and Middle Names:			
Status Number: BC Health Care			are Card Number:	Date of Birth: / / YY/ MM/ DD):			
Address:				Telephone Number#:			
City:		Province/Territor	Province/Territory:		Postal Code:		
Part 2 – Escort	Information						
Escort Required YES		NO	NO		Status Number (if applicable)		
Escort Name:						/ / (YYYY/MM/DD)	
Part 3 - Health	Practitioner	/ Health Facility In	formation				
Name:				Telephone Number:			
Address:				City/ Province/Territory:			
Specialty:				Appointment Date(s) and Time(s):			
Part 4 - Travel	Information	/ Mode of Transpor	rtation				
Date of Departure	<u>, 11040 01 114115po.</u>			Return Date:			
Transported From:				Transported To:		Transported To:	
Transportation	1	□ Plane		us	□ Boat	☐ Wheels for Wellness	
Туре:		□ Taxi	□ Pi	rivate Vehicle:x \$0.20/K		ILOMETRE = \$	
Part 5 - Accomi	modation						
Accommodation T	ype:	☐ Commer	rcial				
Accommodation (Check – In Da	□ Private te:		Accommodation Check – Out Date:			
Indicate if two (2) Beds Required: YES or NO				Wheelchair accessible Room Required: YES or NO			
Total Amount of N	Meals Request	ed:		l			
Part 6 – Author	ization and S	Signature					
Nations Health Au of administrative	ithority, it's a audit. I decla lation Health	gents or contractors, or the information to be	or any appropriate be true and accura	Health Professionate and do not cont	al licensing or Ro ain a claim for a	by the service provider to First egulatory Body for the purpose any benefit or service previously ed in the statement or	
Client, Parent, C	Guardian or l	Person having a leg	ally recognized a	authority	Date:	/ / (YYYY/MM/DD)	
Print Name: Signature:							

Please complete this form and attach a copy of the referral letter (if applicable), including the specialist's information, confirmation of appointment, Physician Escort Form (if applicable).

Note: Original Receipts for Hospital Parking, Tolls, Ferry, Air, Bus, Taxi, and Hotel <u>MUST</u> be mailed to our office indicating to whom it should be payable to with the referral and confirmation of appointment.