



# Hesk'w'en'scutxe Health Services Society *Medical Transportation Form*

**2024**

**Client Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Phone Number:

**DOB**          
Day Month Year

**Status Number**

**Departure Date**          
Day Month Year

**Return Date**          
Day Month Year

**Departing Location:** CFIB  SIB  ANTKO  **Destination Location:** \_\_\_\_\_

**Requires Driver? (Circle) YES / NO** HHSS: \_\_\_ Other: \_\_\_ **Name of Driver:** \_\_\_\_\_

**Driver Mailing Address:** \_\_\_\_\_

*\*Please note that MT cheque will be made out to driver*

**Doctor Authorization Required for "Escort" - Provided (Circle) YES / NO**

**Reason for Escort:** (check one)

- 1) Not Required
- 2) Care Instructions Required
- 3) Language Barrier
- 4) Legal Consent Required
- 5) Medically Incapacitated
- 6) Person with Disability
- 7) Minor Child
- 8) Client is 65+ (no documentation is needed for escort in this case)

**Method of Travel:** (check one)

- Private Transportation
- HHSS Vehicle
- Bus
- Other: \_\_\_\_\_

**Check: Medical Trip 6 + hours:**  **Diabetic**  **Hospital Parking Receipt (for short term medical appts)**

**Referred By:** \_\_\_\_\_ **Health Purpose:** \_\_\_\_\_ **Surgery**  or circle  
*(Please attach note/letter of referral)* *(Procedure or medical specialty)*

Dentist Cardiology Dialysis Mental Health Obstetrics Oncology Optician Orthodontics X-rays Ultrasound  
Lab/Pathology Podiatry Gerontology Gynecology Urology Gastroenterologist Internal Medicine Infectious Disease  
Radiation Pediatrics Prenatal Confinement Rheumatology Traditional Healer Withdraw Management Diagnostic Testing

**CONFIRMATION OF ATTENDANCE    MEDICAL OFFICE STAMP OR DOCTOR/RECEPTIONIST INITIALS**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

This note will confirm that: \_\_\_\_\_ attended their appointment on the  
above mentioned date, with Doctor \_\_\_\_\_ at \_\_\_\_\_  
Address

**I confirm this form is complete and accurate. Client Signature:** \_\_\_\_\_

**NOTE TO CLIENTS:** Confirmation of attendance is required to receive medical travel assistance. You must have this portion stamped/filled out by the medical office. Failure to submit the required confirmation will result in travel claim to be denied for reimbursement.

FNHA does not cover Medical Travel for clients attending appointments to see their family physician (unless client is mentally disabled); Medical Travel is provided ONLY to those clients that have been referred to a specialist by their family physician.

Circumstances NOT covered:

- To pick up prescriptions
- If it is not the nearest appropriate facility
- Or to return home in cases of an illness while away from home on personal or business reasons.
- The medical services are available/ regularly made available locally.
- The client discharges themselves and returns home (few exceptions),

The appointments/treatment NOT covered under the Medical Transportation benefits are:

- Special camps
- Chiropractors (unless MSP approved)
- Psychologists
- Dental/Orthodontics
- Non-surgical podiatry
- Weight loss clinics or screening programs
- Speech assessment and therapy
- Massage Therapy, and Naturopathy
- Physiotherapists (unless medically referred by physician)
- Appointments while outside of Canada
- A third party requested medical examination.

**Check Request – to be completed by HHSS Administration ONLY**

**Code Acct: 5301-4000**

Travel Receipts attached or Mileage \_\_\_\_\_ X \$0.29 = Transportation Cost: \$ \_\_\_\_\_

For overnight trips only

Accommodations (can only be arranged by HHSS) \_\_\_\_\_ # of days @ \$ \_\_\_\_\_ /day = \$ \_\_\_\_\_

Private Accommodations:  Weekly rate \$350 OR \_\_\_\_\_ # of days X \$50 /day = \$ \_\_\_\_\_

Daily rate Meal: (Same day 6+ hour trip) \$17.00 X \_\_\_\_\_ (w/ escort)  Diabetic Client = \$ \_\_\_\_\_

Weekly rate (7 nights+) \$283 per week per client = \$ \_\_\_\_\_

Weekly rate (7 nights+) \$425 per week per client with approved escort\* = \$ \_\_\_\_\_

Nightly Rate # of days (up to 6 nights) \_\_\_\_\_ X \$68 Adult/Child (5 yrs +) \$29 (0-4 yrs) = \$ \_\_\_\_\_

The rate of \$425 p/week is an inclusive rate for the Client & escort and applies only when the Client is an outpatient. An approved escort supporting a Client in the hospital will continue to access the weekly meal rate of \$283 p/week.

Any stay over 5 nights must be pre-approved by FNHA (fill Exception Benefit Form)

**TOTAL COST: \$ \_\_\_\_\_**

**Certified by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Health Managers Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Hearing tests (unless medically referred by physician)
- Where third party liability (such as ICBC) is involved
- Court-ordered treatment/assessment, or as condition of parole
- Client-initiated appointments for a second opinion

**Medical Transportation Benefit Guidelines** from the First Nations Health Authority (FNHA), Regional Director.

The FNHA, governs the Patient Travel rules and conditions we implement in compliance with the Heskwen'scutxe Contribution Agreement. Following is a summary of the Medical Transportation guidelines as outlined in the Agreement:

- ✓ The objective is to provide **all status** Natives (regardless of their band affiliation) **living on reserve** at either Cook's Ferry or Siska locations with medical transportation benefits.
- ✓ Heskwen'scutxe must pre-authorize eligibility of applicants, use of an escort, and use of a private vehicle, unless in urgent circumstances and depending on the given situation, costs may be reimbursed if approved. Also, the health services required and covered by NIHB must be booked at the **nearest** appropriate facility to the clients.
- ✓ The most economical means of transportation is to be used, considering the urgency of the situation, and the medical condition of the client. When more than one client is traveling in the same location, maximum space in vehicles shall be used and the rate charged must be for one trip since individual charges for additional clients aren't permitted.
- ✓ Extended travel status for the use of an escort is permitted only in the circumstances such that the client has a disability which requires help with daily activities, or is medically unfit, or declared mentally incompetent by a court of jurisdiction, or to accompany a minor, or legal consent by a parent or guardian is needed, or when a language barrier prevents access to medically required services, or instructions.
- ✓ You may appeal if you feel your refusal is unjust. If you are unsure as to whether you can be covered for Patient Travel Please feel free to call or drop by the office and inquire.

**Travel Rates**      **Private Mileage Rate:**      \$0.25 cents per kilometer / \$0.29\* cents per kilometer. (\*Until March 31, 2025)

**Accommodation:**      **Hotel - HHSS** is responsible for arranging accommodation for stays of five days or less. Approval from the regional office is required for anticipated stays of more than five days, upon approval, Heskwen'scutxe Health will make the arrangements in the usual way.

**Private Accommodation:** In order to encourage the use of family support systems, the rate for private accommodation is \$50/day (max. of \$350/week). Prior approval is required for stays of more than 30 days. **\*\*NOTE\*\* taxi fees will NOT be paid as the rate of \$50 is inclusive of ground transportation to the hospital, etc.**

**Meal Rates:**      One to six nights/days:      Adults /children 5+ - \$68 per day / Children (1yr – 4yr) - \$29  
 Seven nights/days or more (Weekly Rate) Adults - \$283 per week - \$425 per week per Client and approved escort  
**Any stay over 5 nights must be pre-approved by FNHA (fill Exception Benefit Form)**

The number of overnight stays equals the number of days of meals allowance to be paid. No receipts are required for this meal allowance.

**Heskwen'scutxe collects the details of each patient trip to submit them to the FNHA Program Services Officer each month.**