

Medical Travel Form
For Upcoming Appointments / Reimbursements
For **NEW CLIENTS** T'it'q'et/Community Members

Provide AT LEAST TWO WEEKS IN ADVANCE.

Cheques will ONLY be available for pick-up on Wednesday or Friday.

PATIENT INFORMATION

Legal Name: _____
Last Name First Name Middle Initial

Residential Address: _____

Mailing Address: _____

Band Name: _____ Status #: _____

Phone #: _____ Message#: _____

Date of Birth: _____/_____/_____
DD/MM/YYYY Medical Card #: _____

MEDICAL APPOINTMENT INFORMATION

Business Name: _____

Business Address: _____

Business #: _____ Fax#: _____

Doctor's Name/ Speciality Type _____

Purpose for Appointment: _____

Appointment Date: _____/_____/_____
DD/MM/YYYY Time: _____ AM / PM

(PLEASE CUT HERE)

Received by: _____

Submitted to: _____

Date: _____

Please STAMP received

TRAVEL INFORMATION

Do you have your own transportation? Yes / No

Do you require a "medical escort" to your appointment? Yes / No

Has the physician escort form stating the criteria been provided to medical clerk Yes / No
(This is necessary for record keeping)

Name of Driver: _____ Phone #: _____

Cheque Payable To: _____

Do you require Accommodation for your appointment? Yes / No
Special needs required? (i.e. Ground floor, handicap unit, etc.?)

MEDICAL PROCEDURE AGREEMENT

_____ T'it'q'et Health will cover the cost of medical transportation, meals, and accommodations.
Initial We are **NOT** responsible to cover any costs of damages you or your guest(s) may have caused to your
Hotel/Motel room during your medical stay. If there are any charges to T'it'q'et including "NO show" or
damages you or your guest(s) may have caused, you will be invoiced by T'it'q'et for the full amount to
cover the charges. It will be the client's responsibility to cancel the room reservation twenty-four hours or
as Cancellation policy states per hotel, prior to the check-in date.

By signing this document you are giving consent to release medical information to the medical clerk of
T'it'q'et Administration.

Print Name: _____

Signature: _____ Date: _____

Received stamp/ INITIALED

