



To be completed by Health Professional or Health Facility and fax to **1-250-256-1379** attn: **Health Reception**

The First Nations Health Authority, Health Benefits, provides Medical Transportation Benefits to assist First Nations clients, who are residents of BC, to access medically, required health services that cannot be obtained on the reserve or in the community of residence.

One criteria of the Medical Transportation Program is that the client must submit a signed and/or stamped Confirmation of Attendance Form to our office in order to be reimbursed or have future travel arranged. We appreciate and thank you for your cooperation.

Please confirm that the following patient had attended the following appointment at your office:	
Patient Name: _____	DATE Attended: _____
Date of Birth: _____	TIME Attended: _____
NEXT APPOINTMENT:	
DATE: _____	TIME: _____
Physician's Professional Address Stamp	
PHYSICIAN STAMP	Physician Name: _____
	Physician Signature: _____
	This form must be stamped with the physician's address or signed by the physician confirming your attendance. Please ensure that the date and time of the appointment has 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.

FORM IS VOID IF NOT COMPLETE