



# Ts'kw'aylaxw First Nation

P.O. Box 2200

35100 Hwy 99 N. Lillooet, B.C. V0K 1V0

Ph: (250) 256-4204 Fax: (250) 256-4058

## PATIENT/MEDICAL TRAVEL

### MEDICAL APPOINTMENT CONFIRMATION FORM

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

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 Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

PHYSICIAN STAMP

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\***

TFN HEALTH/MEDICAL TRAVEL CLERK: [healthreception@tskwaylaxw.com](mailto:healthreception@tskwaylaxw.com)

