

Patient Travel Request Form

Patient Information:

Full Name: * _____

Mailing Address: _____

Date of Birth: D _____ /M _____ /Yr _____

Status Number: _____ Band _____

Driver's Full Name: _____ DL on file? Y/N: _____

Who is getting paid mileage: Driver / Patient / Other: _____

PLEASE NOTE THAT DR.'S CONFIRMATION OF APPOINTMENT IS STILL REQUIRED. FAX 250-761-4156 or email patient.travelclerk@ehatis.ca

Appointment Information:

Date and time of Appointment: _____ / _____ 2017 at _____ AM/PM
DD MM circle one

Destination of Appointment: _____, BC
Medical Facility Name / City

Doctor's Name _____ Specialty: _____

Escort required: (Yes) (NO) Hotel required: _____

(If adult a benefit exception is required)

If Hotel Requested Please Provide Justification (Must be for non-

routine appointment): It is total responsibility of the patient or parent to ensure all paperwork is submitted in order to ensure that patient travel is ready for day of travel. It is up to the patient to cancel hotel accommodations. We do require up to 5 full business days to do the paperwork so please ensure that you give an adequate amount of time for your travel to be ready. If it is handed in the day before appointments you will have to provide for your travel personally and hand in receipts for reimbursements. Patients are to be responsible and call the patient travel clerk to ensure all information is handed in. Thank you.

All Information must be provided or your request will not be processed