M'Chigeeng Health Centre

P.O. Box 308, M'CHIGEENG, ONTARIO P0P 1G0 TELEPHONE : (705)377-5347 FAX: (705)377-5090





Health Santé Canada Canada

> First Nations & Inuit Health Branch, Health Canada Thunder Bay Zone 981 Balmoral Street THUNDER BAY, Ontario P7C 6E7

Please complete this form as confirmation that the patient has attended his/her appointment as stated in the Medical Transportation Policy framework for the Non-Insured Benefits Program.

Sec.6.1 When accessing medical transportation benefits, confirmation that the client has accessed a medically required health service must be obtained from the health care professional or his/her representative and submitted to FNIH or a First Nations or Inuit Health Authority or organization.

Payable to:		Year: 2023
P.O. Box	M'Chigeeng, ON P0P 1G0	Tracking:#

CONFIRMATION OF APPOINTMENT

This is to co	nfirm that:		
was seen by	<i>.</i>		
was seen by			
	(Doctor or Healt	h Care Provider)	
on date:		at:	
at:			
Signature/Sta	mp of Doctor or He	ealth Care Provider	

NIHB Approval #

