



First Nations Health Authority
Health through wellness

CONFIRMATION OF APPOINTMENT FORM
PERSONAL AND CONFIDENTIAL

To be completed by Health Professional or Health Facility and fax to 1-888-299-9222

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** provide written confirmation of appointment from the health provider in order to have future medical travel arranged. We appreciate and thank you for your cooperation.

Please confirm that the following patient has an appointment at your office:

Patient Name:	Date of Birth:
Date of Appointment:	Time of Appointment:

Physician's Professional Address Stamp:

STAMP HERE

Physician Name: (please print clearly):

Physician Signature:

This form must be **stamped with the physician's address** or **signed by the physician** confirming your appointment. 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.

PENDING APPOINTMENT (if known)

Date of appointment: _____ Time: _____

Internal Office Use Only

Case #: _____ TA #: _____