ikajuKatigek Medical Transportation Program Approval Form

NunatuKavut
our ancient land

Part 1: Patient Information

Full name

NCC membership #

MCP

Birth date
yyyy-mm-dd

Address

Phone number

Community   Province   Postal Code

Cell phone number

Email

How would you like to be contacted?
☐ Email   ☐ Phone call

Are you covered for any of these expenses under any other health plan or program?
If yes, please attach a copy of a detailed statement or explanation of benefits from other plan/program.

☐ Yes ☐ No

Note: Examples may include group insurance, employee benefit from Serco or a Union (NAPE, CUPE, PSAC, USW, etc.)

Are you in receipt of Income Support Benefits?

☐ Yes ☐ No

Part 2: Appointment Information

Please attach proof of appointment. If you have more than one appointment within seven days, list all of them (print additional pages of this form if required).

Appointment date
yyyy-mm-dd

Appointment time
hh:mm

Reason for appointment / insured service required

City

Province

Name of medical institution (e.g. Hospital name)

Name of medical professional

Specialty of medical professional (e.g. Cardiologist)

Part 3: Travel details, if known

If there are multiple legs to your journey, please list all

Date / time of planned departure from community

Method(s) of travel

Date / time of planned return to community

Method(s) of travel

Part 4: Escort Requirements

Does patient require an escort?   ☐ Yes ☐ No   If yes, please attach escort referral form completed and signed by a medical professional

Translated from Inuttitut, ikajuKatigek (ik/ga/you/hot/de/geek) means helping one another.