

Appeal of Medical Transportation Benefits

Name:	Birthdate:
Mailing address:	Contact number: o Tick if this is text only number
Signing this form means that you do not feel that you have received the Medical Transportation Benefit you are entitled to and are requesting an appeal by the Health Director. <i>Please note that if you feel that this appeal is also wrong you can appeal to the First Nations Health Authority (see info on reverse of this page). Please use additional paper if there is not enough room.</i>	
1. What is your medical condition and the treatment your Doctor or specialist has authorized?	
2. What is the problem with the Medical Transportation Benefit decision that has been made?	
3. What would you like to see done to fix this situation?	

Signature

Date

Name of Health staff receiving Appeal

Date received by Gwa'sala-'Nakwaxda'xw Health staff:

Dental, Medical Supplies & Equipment, Medical Transportation Benefits, Mental Health & Vision

A Client has the right to appeal the denial of a medical transportation benefit under the Non-Insured Health Benefits (NIHB) Program. There are three levels of appeals available. **Appeals must be submitted in writing and can be initiated by the Client, legal guardian or interpreter.**

The recipient or parent/ guardian should forward their letter of appeal and supporting documentation by mail.

There are three levels of appeal available which only the recipient or parent/ guardian can initiate. In order for a case to be reviewed as an appeal, a letter from the recipient or parent/ guardian, accompanied by supporting information from the provider or prescriber must be forwarded to the Health Benefits program.

This information includes:

- The condition for which the benefit is being requested
- The diagnosis and prognosis, including what other alternatives have been tried
- Relevant diagnostic test results (ex: dental x-rays)
- Justification for the proposed treatment and any additional supporting information

The recipient or parent/ guardian should forward their letter of appeal and supporting documentation by mail, clearly marked **“APPEALS - CONFIDENTIAL”**.

For more information on the appeal process or the status of your appeal, please contact the FNHA Health Benefits office at **1.800.317.7878**.

APPEAL Level 1

Director, Health Benefits
Operations
First Nation Health
Authority
#540 - 757 West Hastings
St
Vancouver, BC - V6C 1A1

APPEAL Level 2

FNHA Health Benefits
Appeal Review
Committee
Attention: Vice President,
Health Benefits
#540 - 757 West Hastings
St
Vancouver, BC - V6C 1A1

APPEAL Level 3:

CEO
First Nations Health
Authority
#501 – 100 Park Royal
South
West Vancouver, BC - V7T
1A2

Appeals Procedure for: Pharmacy

APPEAL Level 1:

NIHB Drug Exception
Centre
First Nations and Inuit
Health Branch, Health
Canada
Health Canada
200 Eglantine Driveway,
2nd floor
Tunney's Pasture, Postal
Locator 1902D
Ottawa, ON - K1A 0K9

APPEAL Level 2:

Benefit Management and
Review Services Division
Non-Insured Health
Benefits
First Nations and Inuit
Health Branch
Health Canada
200 Eglantine Driveway,
2nd floor

Tunney's Pasture, Postal
Locator 1902D
Ottawa, ON - K1A 0K9

APPEAL Level 3:

CEO
First Nations Health
Authority
#501 – 100 Park Royal
South
West Vancouver, BC - V7T
1A2

At all levels of the appeal process, the Client will be provided with a written explanation of the decision taken.