

# NON-INSURED HEALTH BENEFITS (NIHB) MEDICAL TRANSPORTATION ACTIVITY REPORT - PROVIDER TRAVEL - SK

**DCI Number/Fiscal Year:** HC-P048 (2020-2021)

**NOTE:** This document is a representation of the reporting requirements for DCI HC-P048. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office and are identified in bold lettering or italics throughout this document. Please contact your [ISC-FNIHB Regional Office](#) if you have not received a copy of the documents, if you have questions, or require assistance.

## **Program Reporting Requirements:**

### **Annual Report**

Fiscal Year: \_\_\_\_\_ Recipient: \_\_\_\_\_

Annual Funding Level: \_\_\_\_\_ Funding Agreement Number: \_\_\_\_\_

Number of Visits: \_\_\_\_\_

Number of Clients Seen by  
Physician/Specialist: \_\_\_\_\_

Along with the Program reporting requirements outlined above, the Recipient shall submit to the Minister a report which includes the following information:

1. How the benefits are being provided;
2. Factors affecting the delivery of the program;
3. Major accomplishments/challenges in the program during the reporting period; and
4. Other relevant observations, comments or information.