

NON-INSURED HEALTH BENEFITS (NIHB) GOVERNMENT OF NORTHWEST TERRITORIES (GNWT) VISION PROVIDER TRAVEL AND VISION EYEWEAR MONTHLY FINANCIAL REPORT

DCI Number/Fiscal Year: HC-P077 (2020-2021)

NOTE: This document is a representation of the reporting requirements for DCI HC-P077. 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:

Complete template *NIHB VC-B* or other approved alternative.

NIHB VC-B - FINANCIAL/PROGRAM ACTIVITY PROGRESS REPORT

NIHB Vision Care Expenditures

| | Apr. | May | Jun. | Jul. | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | TOTAL |
|---------------------------------|------|-----|------|------|------|-------|------|------|------|------|------|------|-------|
| Community Name | | | | | | | | | | | | | |
| Ophthalmic Technician | | | | | | | | | | | | | |
| Travel (airfare only) | | | | | | | | | | | | | |
| Travel (taxies) | | | | | | | | | | | | | |
| Accommodation | | | | | | | | | | | | | |
| Meals | | | | | | | | | | | | | |
| Number of service days | | | | | | | | | | | | | |
| Cost for service days | | | | | | | | | | | | | |
| Total Cost for Professional Fee | | | | | | | | | | | | | |
| Number of exams | | | | | | | | | | | | | |

| | Apr. | May | Jun. | Jul. | Aug. | Sept. | Oct. | Nov. | Dec. | Jan. | Feb. | Mar. | TOTAL |
|--------------------------------|------|-----|------|------|------|-------|------|------|------|------|------|------|-------|
| Equipment Freight Cost | | | | | | | | | | | | | |
| Client Reimbursement (exams) | | | | | | | | | | | | | |
| Optician | | | | | | | | | | | | | |
| Travel (airfare) | | | | | | | | | | | | | |
| Travel (taxies) | | | | | | | | | | | | | |
| Accommodation | | | | | | | | | | | | | |
| Meals | | | | | | | | | | | | | |
| TOTAL COST FOR NEW GLASSES | | | | | | | | | | | | | |
| TOTAL COST FOR REPAIRS | | | | | | | | | | | | | |
| AVERAGE COST OF REPAIRS | | | | | | | | | | | | | |
| CLIENT REIMBURSEMENT (GLASSES) | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |