

# NON-INSURED HEALTH BENEFITS (NIHB) MEDICAL TRANSPORTATION ACTIVITY REPORT - NR

**DCI Number/Fiscal Year:** HC-P070 (2023-2024)

**NOTE:** This document is a representation of the reporting requirements for DCI HC-P070. 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. 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 MT-C* and *NIHB MT-E* or other approved alternative.

**NIHB MT-C – NIHB FINANCIAL PROGRESS REPORT**  
Private and Commercial Accommodation and Boarding Home Expenditures

	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	TOTAL
Number of patient nights in private Accommodation													
Cost of patient nights in private Accommodation													
Number of escort nights in private Accommodation													
Cost of escort nights in private Accommodation													
Total cost of private Accommodation													
Number of patient nights in commercial Accommodation													
Cost of patient nights in commercial													

	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	TOTAL
Accommodation													
Number of escort nights in commercial Accommodation													
Cost of escort nights in commercial Accommodation													
Cost for patient meals in commercial Accommodation													
Cost for escort meals in commercial Accommodation													
Total cost of commercial Accommodation													
Total cost for meals in commercial Accommodation													
For Each Individual Boarding Home -													
Number of days – Patient													
Cost of days – Patient													
Number of nights - Patient													
Cost for nights - Patient													
Number of days - Escort													

	Apr.	May	Jun.	Jul.	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	TOTAL
Cost for days - Escort													
Number of nights - Escort													
Cost for nights - Escort													
TOTAL NUMBER OF DAYS													
TOTAL COST FOR DAYS													
TOTAL NUMBER OF NIGHTS													
TOTAL COST FOR NIGHTS													
TOTAL PATIENT COST													
TOTAL ESCORT COST													
<b>GRAND TOTAL</b>													

NIHB MT-E - NIHB PROGRAM PROGRESS REPORT  
 Ambulance and Ground Transportation Report

Community Name	Client number	Client Name	D.O.B.	Symptom/ reason	Escort Name	Date	Departure Location	Destination	Cost	CR #

<b>Community Name</b>	<b>Client number</b>	<b>Client Name</b>	<b>D.O.B.</b>	<b>Symptom/ reason</b>	<b>Escort Name</b>	<b>Date</b>	<b>Departure Location</b>	<b>Destination</b>	<b>Cost</b>	<b>CR #</b>