

NON-INSURED HEALTH BENEFITS (NIHB) DENTAL PROVIDER TRAVEL ACTIVITY REPORT - NR

DCI Number/Fiscal Year: HC-P073 (2023-2024)

NOTE: This document is a representation of the reporting requirements for DCI HC-P073. 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 DPT-C* or other approved alternative.

NIHB DPT-C

Provider type: _____ Provider name: _____

Number of service days: _____ Number of travel days: _____

Community: _____ Number of weather days* (if applicable): _____

Dates visited: _____ Number of non-eligible client seen during visit: _____

***NOTE: Weather Day claims must be supported by documentation by the airline**

Client surname	Client given name	Date of birth	Client identification number (HCN)

Other relevant observations, comments or information:
