

NON-INSURED HEALTH BENEFITS (NIHB) COMMUNITY DENTAL BENEFITS, DENTAL SERVICES DAILY RECORD TEMPLATE (DSDRT) REPORT - SK

DCI number/Fiscal year: HC-P044 (2024-2025)

NOTE: This document is a representation of the reporting requirements for DCI HC-P044. 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:

Annual report

Fiscal year: _____ Recipient: _____

Annual funding level: _____ Funding agreement number: _____

Number of visits: _____

Number of clients seen by physician/specialist:

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.