

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

DCI number / Fiscal year: HC-P048 (2024-2025)

**NOTE:** This document is a representation of the reporting requirements for DCI HC-P048. 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: \_\_\_\_\_

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.