

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

DCI number / Fiscal year: HC-P073 (2024-2025)

**NOTE:** This document is a representation of the reporting requirements for DCI HC-P073. 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:**

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