

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

DCI number / Fiscal year: HC-P079 (2024-2025)

**NOTE:** This document is a representation of the reporting requirements for DCI HC-P079. 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 VC-C* or other approved alternative.

**NIHB VC-C**

Provider type: \_\_\_\_\_ Provider name: \_\_\_\_\_

Community and dates visited: \_\_\_\_\_ Number of travel days: \_\_\_\_\_

Number of service days: \_\_\_\_\_

Number of weather days\* (if applicable): \_\_\_\_\_

Number of non-eligible client seen during visit: \_\_\_\_\_

Number of clients remaining on waiting list: \_\_\_\_\_

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

Name	Date of birth	Client identification number (HCN)	Benefit item	Cost

Day	Flight	Per diem	Hotel	Freight	B	L	D