

NON-INSURED HEALTH BENEFITS (NIHB) GOVERNMENT OF NORTHWEST TERRITORIES (GNWT) MEDICAL SUPPLIES AND EQUIPMENT MONTHLY FINANCIAL REPORT

DCI number / Fiscal year: HC-P063 (2024-2025)

NOTE: This document is a representation of the reporting requirements for DCI HC-P063. 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:

The financial/program activity reports noted above must include the following data elements for each authorized claim for the reporting period:

1. Total number of claims broken down by:
 - a. Communities
 - b. Providers
 - c. Client name
 - d. Date of birth
 - e. Territorial health care number
 - f. Drug identification number (DIN) or medical supplies and equipment description
2. Total amount paid out during the reimbursement period;
 - a. Shipping date
 - b. Copy of all way-bills & backup documentation supporting the way bill charges

The required financial and program reports are to be sent to the regional office.