



Protected When Completed

APPOINTMENT SLIP

TA #: 2223-09-11077

Part 1 - Participant Information

Last Name, First Name: Edwards, Kaleb Harlan Thunder
 Address: 529 REDWOOD AVE
 Thunder Bay, ON
 P7C 5A4
 Client ID: 1420447601
 DOB: 2007-12-13

Part 2 - HP/HF Information

HP/HF Name: St. Joseph's Hospital
 HP/HF Address: 268 Grosvenor Street
 London, ON
 N6A 4V2
 Telephone:
 Fax:

Part 3 - Appointment Details

Appointment Date: 2022-09-16
 Admission Date:
 Appointment Time: 15:15
 Admission Time:
 Appointment Status: Approved
 Comments:

Part 4 - Confirmation of attendance

I declare that medical services were provided to the person named herein:

Medical Health Official Signature/Stamp

Date

Note: NIHB will not make modifications to travel unless medically necessary. A note from the attending physician or health provider is required. Document should be faxed to the Regional NIHB Office.

Part 5 - Departmental Use Only

FNIHB Authorizing Officer: 7592

FNIHB Authorizing Officer Signature: _____

Date Created / Last Modified: 2022-09-09

Part 6 - Confirmation of Service(s) received

Please have the original document signed by the participant and submit to the Billing Address as indicated below:

Attn: Payments
 2720 Riverside Drive, 4th Floor, Address Locator 6604E
 Ottawa, ON K1A 0K9
 Telephone: 1-800 881-3921
 Fax: 1-800 806-6662
 Email: onnihbinvoices-facturesssna@sac-isc.gc.ca

Patient/Guardian Signature

Date

This voucher is intended for the use of the individual or entity to which it is addressed and contains confidential client information. The information is to be used solely for the provision of services for the client. Any other use and/or disclosure is prohibited unless authorized by the client and/or the NIHB Program.



Protected When Completed

TRANSPORTATION

VOUCHER #:2223-09-11077/12437839

<p>Part 1 - Participant Information</p> <p>Last Name, First Name: Edwards, Kaleb Harlan Thunder</p> <p>Address: 529 REDWOOD AVE Thunder Bay, ON P7C 5A4</p> <p>Traveller(s): Kaleb Harlan Thunder Edwards, Daniel George Edwards</p>	<p>Part 2 - Trip Details</p> <p>Departure: 2022-09-17 00:00:00</p> <p>Return:</p> <p>Origin: London, ON</p> <p>Pick up: Best Western Lamplighter</p> <p>Destination: London, ON</p> <p>Drop off: London Airport</p> <p>Confirmation Number:</p> <p>Special Considerations:</p> <p>Comments:</p> <p>Billing Address: Attn: Payments 2720 Riverside Drive, 4th Floor, Address Locator 6604E Ottawa, ON K1A 0K9 Telephone: 1-800 881-3921 Fax: 1-800 806-6662 Email: onnihbinvoices-facturesssna@sac-isc.gc.ca</p>
<p>Part 3 - Provider Information</p> <p>Provider Name: U Need A Cab London</p> <p>Address: 502 Egerton St London, ON N5W 3Z6</p> <p>Telephone: (519) 438-2121</p> <p>Fax: (519) 438-9544</p> <p>Vendor No: 1021414</p>	

Part 4 - Payment Details

* Amounts shown are estimates only and subject to change.

I declare that the travel arrangements as detailed below have been provided to the person named herein and the charges to Indigenous Services Canada will be:

Type	Description	Rate	Qty	Sub Total	Tax Type	Tax	Total
Taxi		\$0.01	1	\$0.01	HST	\$0.00	\$0.01
Sub Total							\$0.01
Taxes							\$0.00
Total							\$0.01

Official Signature _____

Date _____

Part 5 - Departmental Use Only

FNIHB Authorizing Officer: 7592

FNIHB Authorizing Officer Signature: _____

Date Created / Last Modified: 2022-09-12

Part 6 - Confirmation of Service(s) received

Please have the original document signed by the participant and submit to the Billing Address as indicated in «Part 2» of this document.

Patient/Guardian Signature

Date

This voucher is intended for the use of the individual or entity to which it is addressed and contains confidential client information. The information is to be used solely for the provision of services for the client. Any other use and/or disclosure is prohibited unless authorized by the client and/or the NIHB Program. Corporate entities or individuals providing goods or services to be paid or reimbursed by the Non-Insured Health Benefits (NIHB) Program must do so in accordance with and as authorized by the NIHB Program's Medical Transportation Policy Framework which can be found on-line at <https://www.sac-isc.gc.ca/eng/1579891130443/1579891286837>. Any alteration to this warrant not approved by the NIHB Program renders it null and void. This voucher has no cash value.



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TRANSPORTATION

VOUCHER #:2223-09-11077/12437835

<p>Part 1 - Participant Information</p> <p>Last Name, First Name: Edwards, Kaleb Harlan Thunder</p> <p>Address: 529 REDWOOD AVE Thunder Bay, ON P7C 5A4</p> <p>Traveller(s): Kaleb Harlan Thunder Edwards, Daniel George Edwards</p>	<p>Part 2 - Trip Details</p> <p>Departure: 2022-09-16 00:00:00</p> <p>Return:</p> <p>Origin: London, ON</p> <p>Pick up: Best Western Lamplighter</p> <p>Destination: London, ON</p> <p>Drop off: 268 Grosvenor Street</p> <p>Confirmation Number:</p> <p>Special Considerations:</p> <p>Comments:</p> <p>Billing Address: Attn: Payments 2720 Riverside Drive, 4th Floor, Address Locator 6604E Ottawa, ON K1A 0K9 Telephone: 1-800 881-3921 Fax: 1-800 806-6662 Email: onnihbinvoices-facturesssna@sac-isc.gc.ca</p>
<p>Part 3 - Provider Information</p> <p>Provider Name: U Need A Cab London</p> <p>Address: 502 Egerton St London, ON N5W 3Z6</p> <p>Telephone: (519) 438-2121</p> <p>Fax: (519) 438-9544</p> <p>Vendor No: 1021414</p>	

Part 4 - Payment Details

* Amounts shown are estimates only and subject to change.

I declare that the travel arrangements as detailed below have been provided to the person named herein and the charges to Indigenous Services Canada will be:

Type	Description	Rate	Qty	Sub Total	Tax Type	Tax	Total
Taxi		\$0.01	1	\$0.01	HST	\$0.00	\$0.01
						Sub Total	\$0.01
						Taxes	\$0.00
						Total	\$0.01

Official Signature _____

Date _____

Part 5 - Departmental Use Only

FNIHB Authorizing Officer: 7592

FNIHB Authorizing Officer Signature: _____

Date Created / Last Modified: 2022-09-12

Part 6 - Confirmation of Service(s) received

Please have the original document signed by the participant and submit to the Billing Address as indicated in «Part 2» of this document.

Patient/Guardian Signature

Date

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TRANSPORTATION

VOUCHER #:2223-09-11077/12437828

<p>Part 1 - Participant Information</p> <p>Last Name, First Name: Edwards, Kaleb Harlan Thunder</p> <p>Address: 529 REDWOOD AVE Thunder Bay, ON P7C 5A4</p> <p>Traveller(s): Kaleb Harlan Thunder Edwards, Daniel George Edwards</p>	<p>Part 2 - Trip Details</p> <p>Departure: 2022-09-16 00:00:00</p> <p>Return:</p> <p>Origin: London, ON</p> <p>Pick up: 268 Grosvenor Street</p> <p>Destination: London, ON</p> <p>Drop off: Best Western Lamplighter</p> <p>Confirmation Number:</p> <p>Special Considerations:</p> <p>Comments:</p> <p>Billing Address: Attn: Payments 2720 Riverside Drive, 4th Floor, Address Locator 6604E Ottawa, ON K1A 0K9 Telephone: 1-800 881-3921 Fax: 1-800 806-6662 Email: onnihbinvoices-facturesssna@sac-isc.gc.ca</p>
<p>Part 3 - Provider Information</p> <p>Provider Name: U Need A Cab London</p> <p>Address: 502 Egerton St London, ON N5W 3Z6</p> <p>Telephone: (519) 438-2121</p> <p>Fax: (519) 438-9544</p> <p>Vendor No: 1021414</p>	

Part 4 - Payment Details

* Amounts shown are estimates only and subject to change.

I declare that the travel arrangements as detailed below have been provided to the person named herein and the charges to Indigenous Services Canada will be:

Type	Description	Rate	Qty	Sub Total	Tax Type	Tax	Total
Taxi		\$0.01	1	\$0.01	HST	\$0.00	\$0.01
						Sub Total	\$0.01
						Taxes	\$0.00
						Total	\$0.01

Official Signature _____

Date _____

Part 5 - Departmental Use Only

FNIHB Authorizing Officer: 7592

FNIHB Authorizing Officer Signature: _____

Date Created / Last Modified: 2022-09-12

Part 6 - Confirmation of Service(s) received

Please have the original document signed by the participant and submit to the Billing Address as indicated in «Part 2» of this document.

Patient/Guardian Signature

Date

This voucher is intended for the use of the individual or entity to which it is addressed and contains confidential client information. The information is to be used solely for the provision of services for the client. Any other use and/or disclosure is prohibited unless authorized by the client and/or the NIHB Program. Corporate entities or individuals providing goods or services to be paid or reimbursed by the Non-Insured Health Benefits (NIHB) Program must do so in accordance with and as authorized by the NIHB Program's Medical Transportation Policy Framework which can be found on-line at <https://www.sac-isc.gc.ca/eng/1579891130443/1579891286837>. Any alteration to this warrant not approved by the NIHB Program renders it null and void. This voucher has no cash value.



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TRANSPORTATION

VOUCHER #:2223-09-11077/12437810

<p>Part 1 - Participant Information</p> <p>Last Name, First Name: Edwards, Kaleb Harlan Thunder</p> <p>Address: 529 REDWOOD AVE Thunder Bay, ON P7C 5A4</p> <p>Traveller(s): Kaleb Harlan Thunder Edwards, Daniel George Edwards</p>	<p>Part 2 - Trip Details</p> <p>Departure: 2022-09-15 00:00:00</p> <p>Return:</p> <p>Origin: London, ON</p> <p>Pick up: London Airport</p> <p>Destination: London, ON</p> <p>Drop off: Best Western Lamplighter</p> <p>Confirmation Number:</p> <p>Special Considerations:</p> <p>Comments:</p> <p>Billing Address: Attn: Payments 2720 Riverside Drive, 4th Floor, Address Locator 6604E Ottawa, ON K1A 0K9 Telephone: 1-800 881-3921 Fax: 1-800 806-6662 Email: onnihbinvoices-facturesssna@sac-isc.gc.ca</p>
<p>Part 3 - Provider Information</p> <p>Provider Name: U Need A Cab London</p> <p>Address: 502 Egerton St London, ON N5W 3Z6</p> <p>Telephone: (519) 438-2121</p> <p>Fax: (519) 438-9544</p> <p>Vendor No: 1021414</p>	

Part 4 - Payment Details

* Amounts shown are estimates only and subject to change.

I declare that the travel arrangements as detailed below have been provided to the person named herein and the charges to Indigenous Services Canada will be:

Type	Description	Rate	Qty	Sub Total	Tax Type	Tax	Total
Taxi		\$0.01	1	\$0.01	HST	\$0.00	\$0.01
Sub Total							\$0.01
Taxes							\$0.00
Total							\$0.01

Official Signature _____

Date _____

Part 5 - Departmental Use Only

FNIHB Authorizing Officer: 7592

FNIHB Authorizing Officer Signature: _____

Date Created / Last Modified: 2022-09-12

Part 6 - Confirmation of Service(s) received

Please have the original document signed by the participant and submit to the Billing Address as indicated in «Part 2» of this document.

Patient/Guardian Signature

Date

This voucher is intended for the use of the individual or entity to which it is addressed and contains confidential client information. The information is to be used solely for the provision of services for the client. Any other use and/or disclosure is prohibited unless authorized by the client and/or the NIHB Program. Corporate entities or individuals providing goods or services to be paid or reimbursed by the Non-Insured Health Benefits (NIHB) Program must do so in accordance with and as authorized by the NIHB Program's Medical Transportation Policy Framework which can be found on-line at <https://www.sac-isc.gc.ca/eng/1579891130443/1579891286837>. Any alteration to this warrant not approved by the NIHB Program renders it null and void. This voucher has no cash value.



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ACCOMMODATION

VOUCHER #:2223-09-11077/12431368

<p>Part 1 - Participant Information</p> <p>Last Name, First Name: Edwards, Kaleb Harlan Thunder</p> <p>Address: 529 REDWOOD AVE Thunder Bay, ON P7C 5A4</p> <p>Traveller(s): Kaleb Harlan Thunder Edwards, Daniel George Edwards</p>	<p>Part 2 - Trip Details</p> <p>Check in: 2022-09-15 00:00:00</p> <p>Check out: 2022-09-17 00:00:00</p> <p>Origin: Thunder Bay, ON</p> <p>Destination: London, ON</p> <p>Confirmation Number: 57668447</p> <p>Special Considerations:</p> <p>Comments:</p>
<p>Part 3 - Provider Information</p> <p>Provider Name: Best Western Lamplighter</p> <p>Address: 591 Wellington Road South London, ON N6C 4R3</p> <p>Telephone: (519) 681-7151</p> <p>Fax: (519) 681-3271</p> <p>Vendor No: 1380587</p>	<p>Billing Address:</p> <p>Attn: Payments 2720 Riverside Drive, 4th Floor, Address Locator 6604E Ottawa, ON K1A 0K9 Telephone: 1-800 881-3921 Fax: 1-800 806-6662 Email: onnihbinvoices-facturesssna@sac-isc.gc.ca</p>

Part 4 - Payment Details

* Amounts shown are estimates only and subject to change.

I declare that the accommodation as detailed below has been provided to the person named herein and the charges to Indigenous Services Canada will be:

Type	Description	Rate Type	Rate	Qty	Sub Total	Tax Type	Tax	Total
Commercial Establishment / Double Occupant			\$144.56	2	\$289.12	HST	\$37.59	\$326.71
Full Day Meal		Adult	\$53.10	2	\$106.20	HST	\$13.81	\$120.00
Full Day Meal		Escort	\$53.10	2	\$106.20	HST	\$13.81	\$120.00
							Sub Total	\$501.52
							Taxes	\$65.21
							Total	\$566.71

Official Signature _____

Date _____

Note: The Authorization Number does not cover telephone calls, alcohol, tips or gratuities, laundry, Pay-Per-View movies, or any other supplementary charges.

Part 5 - Departmental Use Only

FNIHB Authorizing Officer: 7592

FNIHB Authorizing Officer Signature: _____

Date Created / Last Modified: 2022-09-12

Part 6 - Confirmation of Service(s) received

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Patient/Guardian Signature

Date

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