

Local 97 Ironworkers Health & Welfare Plan

101 – 4190 LOUGHEED HIGHWAY, BURNABY, BC V5C 6A8
TELEPHONE 299-7482 FACSIMILE 299-8136

TRANSPORTATION ASSISTANCE BENEFIT

To be completed by Member

Member's Name	Social Insurance Number	
Patient's Name		
Street Address	Suite No.	
City	Province	Postal Code

To be completed by referring Doctor

Name of Doctor referred to	Address of Doctor referred to
Diagnosis	
Date of appointment	Time of appointment
Is it medically necessary for patient to be accompanied? <input type="checkbox"/> YES <input type="checkbox"/> NO	Mode of Transportation
Attending Doctor's name	Attending Doctor's address

Attending Doctor's signature

Date

Separate forms *MUST* be completed for *each* trip from area of permanent residence to location of specialist.

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TRANSPORTATION ASSISTANCE BENEFIT

To be completed by Member

Member's Name	Social Insurance Number	
Patient's Name		
Street Address	Suite No.	
City	Province	Postal Code

To be completed by Doctor providing treatment

Name of Doctor	Address of Doctor
Hospitalization – all dates:	
Office Visits – all dates:	

Doctor's signature

Date