

# Local 97 Ironworkers Health & Welfare Plan

4250 CANADA WAY, BURNABY, BC V5G 4W6  
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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### *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