



Private Accommodation Claim Form

Patient's Name:	
Beneficiary Number	
Escort's Name:	
Date Arrived: (DD/MM/YYYY)	
Date Left: (DD/MM/YYYY)	
Total Number of nights claimed:	
Did you provide meals to the patient listed above?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you set up for Direct Deposit with DHSD? Yes No

If No, contact us for the direct deposit form.

First, Last Name:	
Po Box or Street address:	
City/Town:	Province:
Postal Code:	
Telephone including area code:	
Email Address:	
Claimant's Signature	

All Sections of this form must be completed in order to be processed.

Deadline for submission is weekly on Friday at office closing time.

Payments will be issued the following week.

Claims can be sent to the address below or emailed to nihb@nunatsiavut.com