



NUNATSIAVUT
kavamanga Government

Inosiksiagiktotitsigasuannimi amma
Nunalinnik Pivalliatiksigasuannimi
Health and Social Development

To: Non-Insured Health Benefits (NIHB)

I would like to depart early and should my appointment/s get rescheduled or cancelled I will reimburse NIHB the cost of the airfare. I also understand that when I leave early or stay longer I will be responsible for my own accommodations and meals.

Name of patient and escort if applicable (Please print)

Signature of Patient or Guardian

Date

For Office Use Only – Trip Number: _____