



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:	N Number:
Mailing 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.
Claim processing can take 4-6 weeks.
Claims can be sent to the address below or emailed to nihb@nunatsiavut.com