

**NON-INSURED HEALTH BENEFITS (NIHB)  
PRIVATE ACCOMMODATIONS CLAIM**

SECTION A		
Beneficiary Name:		N Number:
Escort's Name:		Total number of nights claimed:
Date Arrived:	Date Left:	Did you provide meals to the patient listed above?

SECTION B		
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 Number:	Email Address:	
Claimant's Signature:		

NIHB is *not responsible* for personal items left behind at accommodations during medical travel.  
 If an item is left behind, the *beneficiary or escort* is responsible for contacting the accommodation directly  
 to inquire about retrieval.  
 Any costs related to shipping, handling, replacement, or loss of items left at accommodations is *not covered* by NIHB.

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](mailto:nihb@nunatsiavut.com).

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 Happy Valley - Goose Bay, NL  
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 Telephone: 709.896.9750 Fax: 709.896.9761