Private Accommodation Claim Form

Patient's Name: _____ ID#:N_____

Escort's Name: _____

Date Arrived: ____/____/____ **Date Left: ____/____/____**
Day Month Year Day Month Year

Total Number of nights claimed: _____

Send Cheque to:
(please include complete name & mailing address)

_____

_____

_____

_____

_____

Telephone:( ) ____- _____

Send Claim to:
Nunatsiavut Government
Dept. of Health & Social Development
218 Kelland Drive
P.O. Box 496, Stn. C
Happy Valley-Goose Bay, N.L
A0P 1C0
Telephone: 709-896-9750
Toll-Free: 1-866-606-9750
Fax: 709-896-9761

Claimant's Signature: _____

ALL SECTIONS OF THIS FORM MUST BE COMPLETED IN ORDER TO BE PROCESSED
DEADLINE FOR SUBMISSION IS WEEKLY ON FRIDAYS AT OFFICE CLOSING TIME
CHEQUES WILL BE MAILED WEEKLY ON THURSDAYS IN THE A.M.