



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)

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

Telephone: () _____ - _____

Claimant's Signature: _____

***ALL SECTIONS OF THIS FORM MUST BE COMPLETED IN ORDER TO BE PROCESSED
DEADLINE FOR SUBMISSION IS WEEKLY ON FRIDAYS BEFORE OFFICE CLOSING TIME,
PAYMENTS WILL BE PROCESSED THE FOLLOWING WEEK – PLEASE GET SET-UP FOR
DIRECT DEPOSIT IF YOU HAVE NOT ALREADY DONE SO – THANK-YOU***