# Local 97 Ironworkers Health & Welfare Plan

Convyta Partners 501-4445 Lougheed Hwy Burnaby, BC V5C 0E4 Toll-Free: 1.844.747.6697 | Fax: 604.433.8894 | IW97@convyta.com

## TRANSPORTATION ASSISTANCE BENEFIT

Social Insurance Number

### To be completed by Member

Member's Name

Patient's Name			
Street Address	Su	ite No.	
City	Province Po	ostal Code	
To be completed by referrin	ng Doctor		
Name of Doctor referred to	А	ddress of Doctor referred to	
Diagnosis			
Date of appointment	Ті	ime of appointment	
Is it medically necessary for patie	ent to be accompanied?	Mode of Transportation	
Attending Doctor's name	А	Attending Doctor's address	
Attending Doctor's signature		Date	

Separate forms MUST be completed for each trip from area of permanent residence to location of specialist.

## Local 97 Ironworkers Health & Welfare Plan

Convyta Partners 501-4445 Lougheed Hwy Burnaby, BC V5C 0E4 Toll-Free: 1.844.747.6697 | Fax: 604.433.8894 | IW97@convyta.com

## TRANSPORTATION ASSISTANCE BENEFIT

Social Insurance Number

### To be completed by Member

Member's Name

Patient's Name			
Street Address		Suite No.	
City	Province	Postal Code	
To be completed by Do	ctor providing treat	ment	
Name of Doctor		Address of Doctor	
Hospitalization – all dates:			
Office Visits – all dates:			
Doctor's signature		Date	