NORTHWEST TERRITORIES
Health and Social Services Authority

## Exception Request Form – Medical Travel

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| Patient Name: | Patient HCP#: | Date of Birth: |
| Community of Residence: | Contact Phone #: | Contact Email Address: |
| Name of Health Care Provider: | Medical Appointment Date: | Employer: |
| Name, if completing form on behalf of Patient | Relationship to Patient | Employer: |

Exceptions require:

- Valid NWT Health Care Card
- Valid Medical Referral from NWT Health Care Provider to Nearest Centre
- Extraordinary health needs and/or demonstrated undue financial hardship as a result of individual or unique circumstances

Reason for Exception:

Attach additional pages if necessary and any document (letters from Health Care Provider, Employer/Benefits Administrator, financial statements, etc.) to support your exception request.

I consent to the NTHSSA Medical Travel Office contacting relevant Health Care Provider, or other persons as appropriate to obtain information relating to this exception request.

Patient (or Parent/Guardian) Signature:_____Date Signed:_____

Send to: MTexceptions@gov.nt.ca or fax: (867) 920-2172

**June 1, 2019**

Northwest Territories Health and Social Services Authority
Medical Travel

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