



Department of Health and Community Services
Medical Transportation Assistance Program
Toll Free: 1-877-475-2412
www.health.gov.nl.ca/mtap

CONFIRMATION OF SPECIALIZED INSURED SERVICES

THIS SECTION TO BE COMPLETED BY THE PATIENT/GUARDIAN:

Patient's name

MCP Number

Name & Address of Healthcare Provider

THIS SECTION TO BE COMPLETED BY THE HEALTHCARE PROVIDER:

Completion of the following information is required to determine eligibility for medical travel assistance.

Specialized appointment/service/treatment provided:

Note: Please be specific as only insured specialized services are eligible for assistance.

Date(s) service was provided:

Please Print Name of Healthcare Provider

Signature of Healthcare Provider

PRIVACY NOTICE

The Newfoundland and Labrador Medical Transportation Assistance Program (MTAP) collects personal health information under the authority of the *Medical Care Insurance Act, 1999*. Personal health information collected, used, disclosed, and safeguarded is in accordance with the *Personal Health Information Act (PHIA)*. If you have any questions about the collection or use of this information please contact our office. The Department of Health and Community Services privacy statement can be found at www.health.gov.nl.ca/health/PHIA.