

Travelling for Medical Services?

We're here to help.

If you have incurred travel costs relating to medical treatments, you may be eligible for financial assistance through the

Medical Transportation Assistance Program (MTAP)

One of the most comprehensive programs of its kind in Canada, MTAP coverage has been enhanced to serve you even better.



What is the Medical Transportation Assistance Program?

The Medical Transportation Assistance Program (MTAP) provides financial assistance to those with a valid Medical Care Plan (MCP) card who incur substantial out-of-pocket travel costs related to required insured medical treatments.

What expenses can be claimed?

Eligible residents travelling for specialized insured medical services may be eligible to apply for financial assistance under this program for airfare; purchased registered accommodations, and a meal allowance in conjunction with these accommodations; busing; and taxi fares incurred in relation to commercial air travel.

How do I know if I am eligible?

Those who need to travel in order to access specialized insured medical services not available in their immediate area of residency may be eligible to make a claim. These specialized services include: visits to a specialist; treatments such as chemotherapy, dialysis and radiation; and investigations such as nuclear medicine tests, MRI and PET scans.

In-province travel requires the referral of a general physician. Out-of-province (within Canada) medical travel requires the referral of a specialized Newfoundland and Labrador physician. A copy of the medical referral must be attached to the application. If your in-province specialized physician obtains prior approval for out-of-country treatment from the Medical Care Plan (MCP) you may be eligible for travel assistance.

How do I apply for travel assistance?

If you think you qualify for assistance under MTAP, fill out the attached application form(s), detach at the perforated line, and mail it with supporting documentation to the address below:

**Medical Transportation Assistance Program
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700, St. John's, NL A1B 4J6**



Some additions to MTAP

Private Vehicle Usage

- Effective October 1, 2010, MTAP provides assistance to those with a valid Medical Care Plan (MCP) card travelling via private vehicle to access specialized insured medical services not available within their area of residency. Patients and their immediate family members residing in the same household who travel in excess of 2,500 kilometres during a 12-month period may receive assistance at the specified rate per kilometre.

Economy Airfare

- Prepayment of 50 per cent of the costs of economy airfare based on program criteria for travel booked on or after January 1, 2012.

CLAIMANT INFORMATION		
To be completed by the person who is to receive payment for the private vehicle mileage		
Surname	First Name	
MCP Number	Expiry Date (YYYY/MM/DD)	Telephone Number
Home Address		
City / Town	Province	Postal Code
Mailing Address (if different from home address)		
City / Town	Province	Postal Code

PATIENT INFORMATION					
All patients listed below must reside at the same address and must sign in the space provided to indicate their consent for payment of private vehicle mileage to be made directly to the claimant					
Patient Name		MCP Number	Expiry Date	Relationship to Claimant	Signature of Consent
Surname	Given Name		YYYY/MM/DD		A Parent/Guardian must sign on behalf of children under age 16

CLAIM INFORMATION					
Distance travelled will be calculated based on the NL Statistics Agency road distance database					
MCP Number of Patient	Date of Appointment	Location of Appointment	Date of Departure	Date of Return	Estimated Distance Travelled
	YYYY/MM/DD	City / Town	YYYY/MM/DD	YYYY/MM/DD	
YOU MUST ATTACH WRITTEN CONFIRMATION FROM THE HEALTH CARE PROVIDER INDICATING THE DATE EACH SERVICE WAS PROVIDED AND THE SPECIALIZED SERVICE RECEIVED					

DECLARATION OF ELIGIBILITY FOR PRIVATE VEHICLE USAGE	
<p>I declare that the information provided on this application is true and correct to the best of my knowledge. I understand that this information will be used to determine eligibility for reimbursement of private vehicle expenses in accordance with the Medical Transportation Assistance Program criteria and conditions. I declare that financial assistance for medical travel was not provided by the Department of Advanced Education and Skills, Workplace Health, Safety & Compensation Commission, or any other Federal/Provincial Government Department, Agency, Board, Commission, or Regional Health Authority. I understand and agree that the information I submit may be subject to verification by officials of the Department of Health and Community Services and that medical travel assistance provided to me in error is subject to recovery by the Department of Health and Community Services.</p> <p>I authorize the Department of Health and Community Services to contact and share information with the Department of Advanced Education and Skills and/or any other parties identified in this application for the purpose of verifying eligible kilometres and for auditing purposes. I authorize the Department of Advanced Education and Skills and/or any other parties identified in this Declaration of Eligibility to release the requested program-related information to the Department of Health and Community Services.</p> <p>I declare that all patients listed reside at the same residence and have consented to payment being made to me as the claimant.</p>	
<p>_____</p> <p>Signature of Claimant</p>	<p>_____</p> <p>Date</p>

PATIENT INFORMATION <small>To be completed by the patient</small>		
Surname	First Name	
Home Address	Telephone Number	
City / Town	Province	Postal Code
Mailing Address (if different from home address)		
City / Town	Province	Postal Code
Date of Birth (YYYY/MM/DD)	MCP Number	Expiry Date (YYYY/MM/DD)
Date of Departure (YYYY/MM/DD)	Date of Return (YYYY/MM/DD)	
Have you made a previous claim under this program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Previous Claim (YYYY/MM/DD)

REFERRING PHYSICIAN <small>To be completed by the referring physician/specialized physician</small>			
Surname	First Name		
Address			
Telephone Number	Facsimile Number	Signature	Date (YYYY/MM/DD)
OUT-OF-PROVINCE MEDICAL TRAVEL REQUIRES A COPY OF THE LETTER OF MEDICAL REFERRAL FROM THE IN-PROVINCE SPECIALIST TO THE MEDICAL CONSULTANT IN THE OTHER PROVINCE			

CLINICAL INFORMATION <small>To be completed by the referring physician/specialized physician</small>			
Primary Diagnosis			
Insured Service(s) Required			
Name and Address of Hospital/Physician to Whom This Patient Was Referred			
Date(s) of Appointment(s)			
If In-Patient: Date of Admission (YYYY/MM/DD)	Date of Discharge (YYYY/MM/DD)	Escort Required <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Escort			
Surname and First Name of Escort		Relationship to Patient <input type="checkbox"/> Parent <input type="checkbox"/> Spouse	
Address of Escort		<input type="checkbox"/> Other (explain)	

DECLARATION OF ELIGIBILITY FOR AIRFARE AND PURCHASED REGISTERED ACCOMMODATIONS	
<p>I declare that the information provided on this application is true and correct to the best of my knowledge. I understand that this information will be used to determine eligibility for reimbursement of airfare and accommodation expenses in accordance with the Medical Transportation Assistance Program criteria and conditions. I declare that financial assistance for medical travel was not provided by the Department of Advanced Education and Skills, Workplace Health, Safety & Compensation Commission, or any other Federal/Provincial Government Department, Agency, Board, Commission, or Regional Health Authority. I understand and agree that the information I submit may be subject to verification by officials of the Department of Health and Community Services and that medical travel assistance provided to me in error is subject to recovery by the Department of Health and Community Services.</p> <p>I authorize the Department of Health and Community Services to contact and share information with the Department of Advanced Education and Skills and/or any other parties identified in this application for the purpose of verifying eligible expenses and for auditing purposes. I authorize the Department of Advanced Education and Skills and/or any other parties identified in this Declaration of Eligibility to release the requested program-related information to the Department of Health and Community Services.</p>	
<hr style="width: 50%; margin: 0 auto;"/> Signature of Claimant	<hr style="width: 50%; margin: 0 auto;"/> Date

PATIENT INFORMATION		
To be completed by the patient		
Surname	First Name	
Home Address	Telephone Number	
City / Town	Province	Postal Code
Mailing Address (if different from home address)		
City / Town	Province	Postal Code
Date of Birth (YYYY/MM/DD)	MCP Number	Expiry Date (YYYY/MM/DD)
Do you have private health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide name of Insurance Company
Date(s) of Appointment(s)		
If Escort is Required - Surname and First Name of Escort		Relationship to Patient <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other (explain)

REFERRING PHYSICIAN			
To be completed by the referring physician/specialized physician			
Surname		First Name	
Address			
Telephone Number	Facsimile Number	Signature	Date (YYYY/MM/DD)
Primary Diagnosis			
Insured Service(s) Required			
Name and Address of Hospital/Physician to Whom This Patient Is Being Referred			
Escort Required <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Escort	
OUT-OF-PROVINCE MEDICAL TRAVEL REQUIRES A COPY OF THE LETTER OF MEDICAL REFERRAL FROM THE IN-PROVINCE SPECIALIST TO THE MEDICAL CONSULTANT IN THE OTHER PROVINCE			

DECLARATION OF ELIGIBILITY	
<p>I declare that the information provided on this application is true and correct to the best of my knowledge. I understand that this information will be used to determine eligibility for 50% pre-payment of economy airfare in accordance with the Medical Transportation Assistance Program criteria and conditions. I declare that financial assistance for medical travel will not be provided by the Department of Advanced Education and Skills, Workplace Health, Safety & Compensation Commission, or any other Federal/Provincial Government Department, Agency, Board, Commission, or Regional Health Authority. I understand and agree that the information I submit may be subject to verification by officials of the Department of Health and Community Services and that medical travel assistance provided to me in error is subject to recovery by the Department of Health and Community Services.</p> <p>I authorize the Department of Health and Community Services to contact and share information with the Department of Advanced Education and Skills and/or any other parties identified in this application for the purpose of verifying eligible expenses and for auditing purposes. I authorize the Department of Advanced Education and Skills and/or any other parties identified in this Declaration of Eligibility to release the requested program-related information to the Department of Health and Community Services.</p> <p>I agree to submit a completed Claim for Airfare and Purchased Registered Accommodations form after my medical travel has concluded. I am aware that if assessment of my claim results in an overpayment, the Department may seek to recover that amount including but not limited to any future claim I or any other family member residing in the same household might submit under the Medical Transportation Assistance Program.</p>	
_____ Signature of Claimant	_____ Date

50% PREPAYMENT IS BEING REQUESTED FOR: TRAVEL REQUIREMENTS ARE:	<input type="checkbox"/> PATIENT ONLY	<input type="checkbox"/> PATIENT AND ESCORT	<input type="checkbox"/> ESCORT ONLY
	<input type="checkbox"/> ONE-WAY	<input type="checkbox"/> RETURN TRIP	

Medical Transportation Assistance Program Claim For Private Vehicle Usage

Effective October 1, 2010

Who Qualifies

- The private vehicle usage enhancement to the Medical Transportation Assistance Program is effective for travel on or after October 1, 2010.
- Residents of Newfoundland and Labrador who travel via private vehicle to access medically required specialized insured services, treatments and diagnostic procedures which are not available in their area of residency or which are not available in the province may be eligible for assistance at the prescribed rate.

Confirmation of Specialized Services

- All claims for assistance for medical travel via private vehicle require written confirmation from the service provider indicating the date(s) the service(s) was provided and the specialized service(s) received. **Specialized services include:** consultation with a specialist or sub-specialist, chemotherapy, dialysis, radiation treatment, nuclear medicine, MRI, and PET Scans.

In-Province Specialized Services

- In-province medical travel assistance claims require confirmation from the provider that the specialized insured service was received.
- A referral from a Newfoundland and Labrador physician may also be required in some cases.

Medical Referrals

- Out-of-province (within Canada) medical travel assistance claims require a referral from a specialized Newfoundland and Labrador physician. A copy of the medical referral must be attached to the application.
- An in-province specialized physician must obtain prior approval for out-of-country treatment from the Medical Care Plan (MCP) in order to be considered for medical travel funding.

How Does the Program Work

- Residents who travel in excess of 2,500 kilometres by private vehicle during a 12-month period to attend medically required specialized insured services which are not available in their home community, may be eligible for financial assistance at the prescribed rate of 16 cents per kilometre.
- Kilometres are calculated based on the distance between the community of residency and the community where the specialized insured service is received using the NL Statistics Agency Kilometre Matrix which is available at www.stats.gov.nl.ca/DataTools/RoadDB/Distance/.
- Kilometres for out-of-province medical travel are calculated using the shortest distance between communities using Google Maps.
- Local travel or travel within the area where the service is received is not claimable.
- Calculations for assistance are based on a 12-month period beginning on the first date of eligible specialized appointment claimed.
- Eligible kilometres for immediate family members who live in the same household may be combined by a single claimant in order to reach the 2,500 km requirement. Where patients travel together for appointments on the same day, only one individual may claim the kilometres travelled.
- All kilometres claimed must be recorded on the Claim for Private Vehicle Usage Form.
- Patient attendance at the medical appointment must be confirmed by the attending physician, specialist or health care provider.
- Signature of all patients 16 years and older is required.
- Once a claim is approved, a payment is issued to the claimant.

Persons Not Eligible for Assistance Under the Private Vehicle Usage Enhancement

- Income Support recipients are not eligible as their medical travel costs may be funded by the Department of Advanced Education and Skills.
- Residents who receive funding for medical travel from Federal or Provincial Departments, Agencies, Boards or Commissions such as the Workplace Health, Safety & Compensation Commission or Regional Health Authorities are not eligible under this program.
- Bone marrow/stem cell and organ donors who receive financial assistance for medical travel through the Eastern Regional Health Authority are not eligible for assistance under this program.

Non-Eligible Kilometres

- Residents who travel via private vehicle to access non-specialized insured services or to access specialized services, treatments or diagnostic procedures which are available in their area of residency are not eligible for medical travel assistance under the Medical Transportation Assistance Program.

Non-Eligible Services and Treatments Include but are not Limited to:

- General practitioner appointments (scheduled or unscheduled);
- Emergency room visits;
- Laboratory services, such as blood and urine collection;
- Routine diagnostic services such as chest x-rays, EKG, etc.;
- Experimental research or clinical trials;
- Private clinics such as physiotherapy; and,
- Services not insured under the Medical Care Plan (MCP).

Submission of Claim(s)

The Medical Transportation Assistance Program Claim for Private Vehicle Usage Form can be sent by mail to:

Medical Transportation Assistance Program
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700
St. John's, NL A1B 4J6

- Eligible private vehicle medical claims are not to be submitted until the number of claimable kilometres exceeds 2,500 km in a 12-month period.
- Claims for other expenses such as airfare or purchased registered accommodations must be submitted on the Medical Transportation Assistance Claim for Airfare and Purchased Registered Accommodations Application.

Application forms for the Medical Transportation Assistance Program – Claim for Airfare and Purchased Registered Accommodations and Claim for Private Vehicle Usage are available on the Department's website: www.health.gov.nl.ca/mtap

Medical Transportation Assistance Program Claim For Airfare and Purchased Registered Accommodations

Who Qualifies

Residents of Newfoundland and Labrador who travel to access medically necessary insured services.

- Within the province when an insured service is not available in the area of residency;
- Outside the province when an insured service is not available within the province; and,
- When an escort is required as recommended by the referring physician.

Medical Referrals

In-Province

- In-province medical travel requires referral of a physician.

Out-of-Province - Within Canada

- Out-of-province medical travel requires referral of a specialized Newfoundland & Labrador physician and copy of supporting medical referral to the medical consultant within Canada.

Out-of-Country

- If your in-province specialized physician obtains prior approval for out-of-country treatment from the Medical Care Plan (MCP) you may be eligible for travel assistance.

Excluded Persons

- Income Support recipients are not eligible as their medical travel costs may be funded by the Department of Advanced Education and Skills.
- Residents who receive funding for medical travel from Federal or Provincial Departments, Agencies, Boards or Commissions such as the Workplace Health, Safety & Compensation Commission or Regional Health Authorities are not eligible under this program.
- Bone marrow/stem cell and organ donors who receive financial assistance for medical travel through the Eastern Regional Health Authority are not eligible for assistance under this program.

Eligible Expenditures

The following are allowable expenses:

Airfare

- Economy ticket (official ticket receipt and boarding passes required).

Accommodations

- Up to a maximum of \$125 per diem (official receipt required) when accommodations are purchased from a registered accommodations provider.
- Patients medically required to take up temporary residence in another region of the province or another province/territory while receiving specialized medical treatment or awaiting transplantation, shall claim up to a maximum of \$1,500 (official receipt required) for each period of 31 consecutive days.
- If an escort is required, the escort is expected to share the same accommodations as the medically referred person unless that person is hospitalized.

A registered accommodations provider would be a hostel, hotel, motel and/or a licensed apartment provider such as an apartment building.

The program does not have a provision for claiming for accommodations provided by family/friends.

Meal Allowance

When accommodations are purchased from a registered accommodations provider, the following meal allowance provisions apply:

- In-province to a maximum of \$29 per diem per person;
- Out-of-province to a maximum of \$43 per diem per person;
- Patients medically required to take up temporary residence in another area of the province or another province/territory while receiving specialized medical treatment or awaiting transplantation shall claim up to a maximum of \$700 for each period of 31 consecutive days; and,
- If an escort is required to accompany a patient while residing in another area of the province or another province/territory, the escort's maximum meal allowance is \$700 for each period of 31 consecutive days.

The program does not have a provision for claiming for meals when accommodations are provided by family/friends.

Taxis

- Airport to hotel/accommodations and return (official receipts required).
- Hotel/accommodations to hospital and return (official receipts required).

Scheduled Transportation Services

- Scheduled transportation services, such as registered busing/minivan services (official receipts required).

Submission of Claim(s)

- Claims must be submitted on a monthly basis for residents who require travel in excess of 31 consecutive days.
- Claims for duration less than 31 days must be submitted within 12 months from the travel date.

How Does the Program Work

- If the patient has private health insurance benefits, medical travel expenses must be assessed by the private insurance provider prior to submitting to the Department for assessment. Please attach a copy of the private insurance assessment with the application form.
- Eligible expenses under the program will be reduced by the amount paid by the private insurance plan prior to assessment under this program. The balance of eligible expenses will be assessed based on the criteria/guidelines of the program.
- There is a \$400 deductible in any 12-month period from the date of the initial travel for residents on the island portion of the province. The first \$100 of claimable expenses in excess of \$400 will be reimbursed with the balance of remaining claimable expenditures cost shared at 50 per cent.
- Payment of first \$1,000 in any 12-month period from the date of the initial travel for Labrador residents with the balance of remaining claimable expenditures cost shared at 50 per cent.
- Claimable expenses in excess of \$5,000 during a 12-month period will be cost shared at 65 per cent.
- Patients are required to pay medical travel costs and make application for reimbursement of allowable expenses.
- Applicants must provide official receipts for allowable expenses.
- The Department may request an applicant to seek prior approval if additional medical travel is required as follow up to the initial medical travel claim.

Allowable expenses will be assessed based on travel dates in relation to medical appointment/service date(s).

Personal care items, utilities, and long distance telephone calls are not eligible expenses.

Medical Transportation Assistance Program information is available by contacting 1-877-475-2412.

**Medical Transportation Assistance Program
Department of Health and Community Services
Government of Newfoundland and Labrador
P.O. Box 8700, St. John's, NL A1B 4J6**

Expenses Claimed	Amount
Airfare:	\$ _____
Dates: _____	
Registered Accommodations:	\$ _____
Dates: _____	
(Number of days x rate)	
Meals Allowance:	\$ _____
(Based on registered accommodations)	
Dates: _____	
(Number of days x rate)	
Taxis:	\$ _____
Dates: _____	
Subtotal Claimed	\$ _____
Less: Private insurance payment	\$ _____
Less: Deductible (if applicable)	\$ _____
Total Amount Claimed	\$ _____

Medical Transportation Assistance Program

Application for 50% Pre-Payment of Economy Airfare

Who is Eligible

- Residents of Newfoundland and Labrador who are required to travel to access medically necessary insured services that are not available within their area of residency or within the province may be eligible to receive assistance with the cost of their medical travel expenses. An escort may be approved to travel with the patient when it is recommended by the referring physician.

How to Apply

- The patient and the referring physician must complete this application in full. Incomplete applications will be returned to the patient.
- Completed applications must be submitted to the Medical Transportation Assistance Program at least two months prior to the confirmed scheduled appointment/consultation date(s).

Medical Referrals

- In-province medical travel requires the referral of a physician.
- Out-of-province (within Canada) medical travel requires the referral of a specialized Newfoundland & Labrador physician. A copy of the medical referral to the medical consultant within Canada is required and must accompany this application.
- Out-of-country medical travel may be eligible for travel assistance if your in-province specialized physician has obtained prior approval for out-of-country treatment from the Medical Care Plan (MCP).

Approvals

- If approval for 50% pre-payment of economy airfare is granted, the patient will be issued a Travel Authorization Number indicating whether the approved travel is for the patient only, escort only, or for the patient and his/her escort. It will also indicate whether the approval is for one-way or round-trip travel.
- The escort is required to travel from/to the same location (airport) as the patient.

Booking the Travel

- The patient will be provided with appropriate contact information of the travel agency partnering with the Medical Transportation Assistance Program in order to book the required medical travel.
- At the time of booking the patient will be required to make payment of 50% of the cost of the economy airfare. The remaining 50% and any applicable booking fees will be paid by the Medical Transportation Assistance Program.

Rescheduled/Cancelled Travel

- If travel has to be rescheduled the patient must notify the Medical Transportation Assistance Program of the reason and the new travel date(s).
- The patient will be responsible to pay any extra charges as a result of rescheduling. The charges can then be submitted for assessment for eligibility for cost-sharing with the post-medical travel claim.
- The patient will be responsible for repayment of any monies paid by the Medical Transportation Assistance Program when the patient cancels the pre-approved medical travel.

Post-Travel Assessment

- Once all approved medical travel has concluded the patient must complete a Claim for Airfare and Purchased Registered Accommodations form and submit it, along with the travel itinerary and a confirmation of the medical appointment(s), to the Medical Transportation Assistance Program.
- Any additional eligible expenses and/or payment(s) received from another source such as a private insurance company will be factored into the post-medical travel assessment.
- If the post-medical assessment identifies that an overpayment was made by the Medical Transportation Assistance Program, the patient will be responsible for reimbursement of that amount.

Exclusions

- Income support recipients are not eligible as their medical travel costs may be funded by the Department of Advanced Education and Skills.
- Residents who received funding for medical travel from Federal or Provincial Departments, Agencies, Boards or Commissions such as the Workplace Health, Safety & Compensation Commission or Regional Health Authorities are not eligible under this program.
- Bone marrow/stem cell and organ donors who receive financial assistance for medical travel through the Eastern Regional Health Authority are not eligible for assistance under this program.

Contact Information

- Applications for 50% Pre-payment of Economy Airfare are to be submitted to:
Medical Transportation Assistance Program
Department of Health & Community Services
P.O. Box 8700, Belvedere Building
St. John's, NL A1B 4J6
- All forms are available on the website at www.health.gov.nl.ca/mtap
- You may contact the Medical Transportation Assistance Program by calling 1-877-475-2412 or by facsimile at 709-729-1918.