



**MEDICAL TRANSPORTATION ASSISTANCE PROGRAM
APPLICATION FOR 50% PRE-PAYMENT OF ECONOMY AIRFARE**

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 (for out-of province medical travel, the referral must be from a specialist 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 / WITHIN CANADA 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 reimbursement of airfare and accommodation expenses in accordance with the Medical Transportation Assistance Program criteria and conditions.</p> <p>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.</p> <p>I understand that if I have private health insurance benefits, any monies paid by private insurance must be disclosed in the form of a copy of the private insurance assessment attached to the application form.</p> <p>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 medical services received, eligible expenses and for auditing purposes.</p> <p>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>	
_____ Signature of Claimant	_____ Date
50% PREPAYMENT IS BEING REQUESTED FOR: <input type="checkbox"/> PATIENT ONLY <input type="checkbox"/> PATIENT AND ESCORT <input type="checkbox"/> ESCORT ONLY	
TRAVEL REQUIREMENTS ARE: <input type="checkbox"/> ONE-WAY <input type="checkbox"/> RETURN TRIP	

Medical Transportation Assistance Program Application for 50% Pre-Payment of Economy Airfare

How to Apply

- The patient and the referring physician must complete this application in full. Incomplete applications will be returned to the patient.
- Applicants are encouraged to apply to the Medical Transportation Assistance Program 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 Newfoundland & Labrador specialist 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 specialist 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% 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 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.
- Deductibles will be applied where applicable.
- If the post-medical assessment identifies that an overpayment was made by the Medical Transportation Assistance Program due to the 50% pre-payment and/or payments by another source (such as private insurance), the patient will be responsible for reimbursement of that amount.