

USER TRAVEL ASSISTANCE PROGRAM

Who is this program for?

This financial assistance program is intended for users of the Abitibi-Témiscamingue health and social services network who must travel outside the region, at the request of their physician, to receive health care and social services that are **not available** in Abitibi-Témiscamingue.

This program stems from the *Politique de déplacement des usagers du réseau de la santé et des services sociaux du Québec*. It **offers financial assistance to users** but does not reimburse all travel and accommodation expenses incurred.

Eligibility criteria

To be eligible, a user must:

- Be a Quebec resident;
- Have received a medical prescription from a physician in Abitibi-Témiscamingue for health or social services that are not available in the region;
- Have to travel to a health and social services institution located outside the region, at least 200 km from the institution where they usually receive basic care and services in Abitibi-Témiscamingue;
- Travel to the institution that can provide the required care and services that is nearest to the institution they usually visit;
- Travel to obtain care and services **covered** by the Régie de l'assurance-maladie du Québec (RAMQ).

Claim procedure

Before leaving, the user must contact their health and social services centre (CSSS) to obtain information on the form that must be completed to request a reimbursement.

The user must submit the following supporting documents to the aforementioned institution:

- The Claim Form for Travel Expenses appended to this brochure.
All sections of the form must be completed:
 - » Section 1, to be completed by the user;
 - » Section 2, travel justification to be completed by the physician referring the user outside the region;
 - » Section 3: appointment confirmation to be completed by the consulting physician outside the region.
- Bus ticket receipts;
- For users receiving radio-oncology treatments or any other cancer-related treatment, receipts from the hotel or accommodation where they stayed outside the region.

Your claim and all supporting documents must be received within **maximum 90 days** of your return home. No reimbursements will be granted after this date.

Travel expenses

Use of a personal vehicle for travel:

During a trip, the first 100 kilometres of an outward or return trip are borne by the user (200 kilometres for a round trip). An allowance of \$0.13 per additional kilometre travelled is granted by the health and social services institution. Mileage is calculated on departure from the hospital in the user's city of residence. The financial assistance granted to **cancer patients** is different. Accompanying persons will only be reimbursed transportation expenses incurred while travelling **with** the user.

Travel by bus:

The cost of a bus ticket, whether for a one-way trip or a round trip, is reimbursed to the user in full. The cost of the ticket is also reimbursed to the escort if the user is under 18 years old or if the physician specified on the claim form that the user could be accompanied by a nonmedical escort due to the user's condition.

You must submit your bus ticket receipt and that of the person accompanying you, if applicable.

Travel by plane:

If the user travels by plane, the cost of the plane ticket is not reimbursed by the institution, even if this mode of transportation is prescribed by the physician. An allowance equivalent to that which the user would have received if they had used their personal vehicle will be granted. No reimbursement will be made to the escort travelling by plane with the user.

Meals and Lodging expenses

An allowance of \$75 per night is allocated to the user for meals and lodging for a maximum of 2 nights (150\$). This amount includes the escort's overnight stay when it is required by medical prescription. An allowance of \$20 per day is allocated to the escort whose presence has been prescribed by the physician for meal expenses for a maximum of 2 days (40\$).

No additional allowance is granted if the stay is longer than 2 nights.

Special financial allowance arrangements shall be granted for:

- Users between 0 and 18 years old and the person accompanying them;
- Users requiring radio-oncology treatments or any other cancer-related treatment, a transplant or a graft.

Once you have completed the form, take it your local hospital. Find out at the reception about the location of the financial assistance for patient travel office.

TRAVELLING WITH A NON-MEDICAL ESCORT

The physician may request that a person accompany the user on the trip. This must be specified on the medical prescription, and the physician must provide the reason behind the decision. Users under 18 years of age may be accompanied by one of their parents at all times, without a physician's prescription.



Phone numbers of resource people to contact

Rouyn-Noranda

819-764-5131, ext. 42104

La Sarre

819-782-4661, ext. 3261

Amos

819-732-3341, ext. 2217

Témiscamingue

819-622-2773, ext. 4450

Val-d'Or

819-825-5858, ext. 2250

USER TRAVEL POLICY Claim Form for Travel Expenses (over 200 km)

Section 1: THE USER (please print)

First and last names: _____ File No.: _____
 Health insurance No.: _____ Expiry date: _____
 Name of a parent if under 18: _____ Date of birth: _____
 Address: _____
 City: _____ Postal code: _____
 Main phone No.: _____ Other phone No.: _____

Do you receive financial assistance from another program:

Ministère du Travail, de l'Emploi et de la Solidarité sociale (aide sociale): Yes No
 Transportation and accommodation program for people with disabilities: Yes No
 CNESST (Commission des normes, de l'équité, de la santé et de la sécurité du travail): Yes No
 Société de l'assurance automobile du Québec: Yes No
 Compensation for victims of crime: Yes No

Means of transportation used:

Outward trip > Date of departure: _____ Car Bus Shuttle Transfer Other _____
 Return trip > Date of departure: _____ Car Bus Shuttle Transfer Other _____

PLEASE ATTACH THE FOLLOWING TO THIS FORM:

- Your bus ticket receipts;
- Accommodation receipts if you stayed in a lodge recognized by the Ministère de la Santé et des Services Sociaux, such as those provided by the Fondation québécoise du cancer or the Ronald McDonald House.

Please submit your claim within maximum 90 days of your return home.

The undersigned declares that he or she has not received any amount that could cover all or part of the costs claimed and authorizes the CISSS de Abitibi-Témiscamingue to share all pertinent information to this effect with the above-mentioned authorities. The undersigned declares having read the User Travel Policy and acknowledges that he or she meets the criteria set out therein.

User's Signature : _____ Date : _____

SPACE RESERVED FOR THE INSTITUTION ** NOTE: The 200 km deductible is waived for cancer patients.

Destination: Montréal Gatineau Other _____ Escort prescribed: Yes No
 Outward trip > Means of transportation used: Car Bus Shuttle Transfer Other _____
 Return trip > Means of transportation used: Car Bus Shuttle Transfer Other _____

Financial assistance granted:

User = Transportation: _____ \$ Meals/accommodation _____ \$ TOTAL: _____ \$ Budget: _____ \$
 Escort = Transportation: _____ \$ Meals/accommodation _____ \$ TOTAL: _____ \$ Budget: _____ \$
GRAND TOTAL : _____ \$

Follow up of _____ Note to file: _____

Verified and authorized by _____ Date _____

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Section 2: TRAVEL JUSTIFICATION

Section **MUST** be completed by the attending physician in Abitibi-Témiscamingue who is referring the user.

Cancer Diagnosis: _____

Specify the medical specialty needed and not available in the area: _____

Specialized exam or treatment required: _____

Name of the medical specialist: _____

Name of the institution the user is being referred to: _____

Is this institution the nearest one capable of providing the required care or services? yes no

If not, why are you referring the user to this institution? _____

Indicate the consultation priority according to the Priority Access to Specialized Services (APSS) form: _____

Is this care or service covered by the RAMQ? Yes No Explanation: _____

If an escort is required, indicate the reason: _____

First visit: yes No Subsequent : Yes No

Name of attending physician (in print): _____

Signature of attending physician Date

Section 3: CONFIRMATION OF APPOINTMENT AT AN INSTITUTION OUTSIDE THE REGION

This section **MUST** be completed by the consulting physician or the head of the specialized medical service **OUTSIDE THE REGION** / or the user must obtain a confirmation of attendance from the health centre in question, along with the required information.

Name of physician consulted (in print): _____ Speciality: _____

Treatment received: _____

Date of consultation: _____ Upcoming consultatio(s): _____

Name of the institution to which the specialist is attached (if seen at a clinic): _____

Physician's signature

Licence No.

Date

Stamp: