

Pediatric Out-of-Province Travel Assistance Program

Reimbursement Form

The purpose of the Pediatric Out-of-Province Travel Assistance Program (PTAP) is to assist patients and their families with expenses while they are receiving medical treatment outside of Saskatchewan which is not provided in province. PTAP has been established to assist with the travel expenses a family incurs when travelling out of province for a child to receive medical care it has not been established to reimburse all expenses.

- All Pediatric Out-of-Province Travel Assistance reimbursement requests **must be pre-approved** by the Ministry of Health prior to consideration of reimbursement.
- Information you need to include with your completed reimbursement form can be found on the back this form.
- All requests for reimbursement of eligible benefits must be submitted within one year of the date the medical services were received.
- Please keep copies of all documents submitted.

Reimbursement forms can be submitted to:
 Travel Assistance Program
 Medical Services, Ministry of Health
 3475 Albert Street Regina, SK S4S 6X6
 Email: TravelAssistanceProgram@health.gov.sk.ca

| Patient Information | | | | | | | |
|---|---------------|--|-------------------------------|----------------------------------|------------------------|-------------|------------|
| Last Name | | First Name | | Middle Initial | Health Services Number | | |
| Parent/Legal Guardian Last Name | | | | Parent/Legal Guardian First Name | | | |
| Home Mailing Address | | | | City | Province SK | Postal Code | |
| Contact phone number | | | Email address (if applicable) | | | | |
| Per Diem Reimbursement (no receipts required to claim daily per diem) | | | | | | | |
| Start Date | End Date | Medical Treatment Location | Description | # of Days | Rate | Total (\$) | |
| | | | Patient per diem | | \$61/day | | |
| | | | Parent/Guardian per diem | | \$61/day | | |
| Transportation Expenses (receipts required to claim airfare/bus/rail) | | | | | | | |
| Departure Date | Return | Mode of Transportation | Leaving From | Destination | # of KMs | Rate | Total (\$) |
| | | Private vehicle <input type="checkbox"/> one way <input type="checkbox"/> Return | | | | \$0.5496/km | |
| | | Patient airfare/bus/rail <input type="checkbox"/> one way <input type="checkbox"/> Return | | | | | |
| | | Parent / Guardian airfare/bus/rail <input type="checkbox"/> one way <input type="checkbox"/> Return | | | | | |
| Mileage for travel by private vehicle will be confirmed by the Ministry of Health from the home location or medical facility in Saskatchewan to the destination treatment facility. | | | | | | | |
| Accommodation Expenses (receipts required to claim hotel/motel room costs) | | | | | | | |
| Accommodation Type | Check-In Date | Check-Out Date | # of Nights | Rate per Night | Total (\$) | | |
| Hotel/Motel | | | | | | | |
| Private/Other | | | | \$35.00/night | | | |
| Accommodation expense will only be reimbursed for medically necessary days (as confirmed on the confirmation of coverage letter) | | | | | | | |
| TOTAL AMOUNT CLAIMED | | | | | | \$ | |
| Declaration | | | | | | | |
| I declare the information provided to be true and accurate and does not contain a claim for any benefit or service I have not paid for. | | | | | | | |
| _____ | | | _____ | | | _____ | |
| Parent/Legal Guardian (please print) | | | Signature | | | Date | |

Instructions and documentation required to be submitted with the form listed on the following page.

PEDIATRIC OUT-OF-PROVINCE TRAVEL ASSISTANCE PROGRAM REIMBURSEMENT INSTRUCTIONS

If approved for out-of-province travel, the child's parent or legal guardian will receive written approval from the Ministry of Health (Ministry).

The Ministry will reimburse travel expenses (transportation, accommodations and per diem expenses) for the patient and one (1) parent or legal guardian to a **maximum reimbursement of \$2,000 CAD**, as per the limitations outlined below.

If a pediatric patient (child) was approved by the Ministry to receive travel assistance for out of province medical treatment their parent or legal guardian would have received a letter from the Ministry advising of the approval, the letter will also provide a maximum number of per diem and accommodation days which can be claimed on a reimbursement.

If you were required to stay for a longer period of time please reach out to your referring specialist to discuss or you can email:

TravelAssistanceProgram@health.gov.sk.ca

HOW TO REQUEST REIMBURSEMENT OF TRAVEL EXPENSES

Upon your return, please complete and submit this form if you are seeking reimbursement for approved travel costs associated with a child who was required to travel outside Saskatchewan to receive necessary medical care.

After you have completed the reimbursement form please email or mail the Travel Assistance Program. Ensure you have enclosed:

- Receipts and boarding passes or itinerary for reimbursement of travel by commercial carrier (airline, bus, train)
- Itemized receipts for commercial accommodation (hotel, motel)

Please note the Ministry is not able to issue cash advances or to directly pay for commercial travel and/or accommodations.

EXPENSES ELIGIBLE FOR REIMBURSEMENT

(any combination of transportation/accommodation/per diem expenses up to a maximum of \$2,000)

Transportation Costs:

Transportation expenses may be reimbursed for approved applications in the below circumstances:

- For patient and a parent or legal guardian travelling by commercial airline, the cost of one (1) economy ticket for each person. Paid receipts and boarding passes must be submitted to be eligible for reimbursement.
- Travel by private vehicle is reimbursed at \$0.5496 per km. Mileage will be reimbursed at the distance to/from home or medical center in Saskatchewan.
- For patient and a parent or legal guardian travel by other commercial carrier (rail or bus), one (1) economy ticket per person. Paid receipts and boarding passes must be submitted to be eligible for reimbursement.
 - A combination of the above modes of transportation is permitted (up to the equivalent of one round trip).
- Receipts for ambulance services can be submitted for reimbursement.

Accommodation Costs:

Accommodation expenses may be reimbursed upon submission of a paid itemized receipt from a hotel/motel.

An itemized accommodation receipt refers to a receipt that lists the items purchased and the individual cost of each item. The receipt must include the payors name, the dates of the stay and the fee paid for each night of the stay.

- Itemized receipts are required as only room costs and applicable taxes are eligible for reimbursement. Room service and gratuities are not eligible for reimbursement.
- Please note that hospitals often keep referral lists of nearby accommodations that offer discounts to patients and/or families. You can also request if the hotel you are booking has a medical rate prior to booking.
- If no receipt is provided due to staying in private accommodation (with relatives, friends, etc.,) the allowable claim is \$35.00 per night. This amount is required to be requested on the reimbursement form.

Per Diem Expenses:

Per diems are provided to support additional costs related to expenses such like meals, taxis, parking, etc.

- Per diems are provided to support additional costs related to expenses like meals gratuities, parking, taxi, etc.
- Per diem claims are to a maximum \$61.00 per person per day (allowed for one (1) pediatric patient and one (1) parent or guardian per day (maximum \$122/day combined)).
- No receipts are required for per diem claims.

The Ministry cannot reimburse any value of travel points used to purchase tickets or accommodations.

All claims will be paid in Canadian dollars.

Only reimbursement requests from applicants who have been provided a confirmation of funding letter from the Travel Assistance Program will be reviewed for reimbursement.

Reimbursement is only provided after all required documentation and receipts are submitted. Please allow 3-4 weeks for processing.

If you have further questions on completing this form, please contact the Travel Assistance Program:

TravelAssistanceProgram@health.gov.sk.ca