Newfoundland & Labrador

MEDICAL TRANSPORTATION ASSISTANCE PROGRAM

ELIGIBLE EXPENSES WORKSHEET

Escort Information – If the additional trip was accompanied by a different escort, please provide the information of the new escort below. An escort must be medically required and supported by medical documentation from a physician. Please ensure that information provided is accurate.

Last Name: **First Name:**

Relation to Patient: **Parent** ☐ **Spouse** ☐ **Other:**

Details of Medical Travel – Please complete applicable sections below and provide receipts and proof of payment, where required. Please only provide the information requested, do not include any unnecessary personal information.

Trip ____ – Please ensure each trip and associated supporting documentation is clearly identified by TRIP #.

Date of Departure (YYYY/MM/DD): **Date of Return (YYYY/MM/DD):**

Patient Number (From Section 2)	Appointment Location	Date of Appointment YYYY/MM/DD	Name of Specialist	Primary Diagnosis	Insured Service Required	Reason for Travel[1]

[1] Reasons for Travel can include Specialist Appointments, Treatments (e.g. Cancer/Dialysis), and Specialized Testing.

Did either of the above appoints include an in-patient stay? Yes ☐ **No** ☐
If yes, please include confirmation of the in-patient stay with your supporting documentation.

Please confirm the following expenses/receipts for patients and escorts, if applicable, have been included with your claim

Expense Type	Expense Date(s)	Expense amount	Receipts Attached	Notes
Airfare & Baggage			☐	
Taxis			☐	
Paid Accommodations			☐	
Private Accommodations ($25/night)			N/A	
Ferries, Car Rentals and Buses			☐	
† Meals are automatically claimed with Accommodations		Total:	$ 0.00	

If you require additional space to capture your private vehicle mileage for this trip, please complete and attach a PRIVATE VEHICLE WORKSHEET available at: https://www.gov.nl.ca/exec/las/medical-transportation-assistance-program-mtap/ to this claim.

Private Vehicle Mileage	Starting Location (e.g. City/Town/Facility)	Ending Location (e.g. City/Town/Facility)	Date(s) of Travel	Round Trip	Estimated Distance Travelled (Total of both legs if a round trip)
				☐	
				☐	
				☐	
				☐	
				☐	
				☐	
				Total:	0

Please confirm the following supporting documentation, if applicable, has been included with your claim

Document Type:

- Travel Itinerary (i.e. flights) ☐
- Confirmation of Attendance for Each Appointment ☐
- Medical Support for Escort ☐
- NL Specialist Referral Letter ☐
- Confirmation of In-Patient Stay ☐
- All Expense Receipts Included ☐

Print Reset