

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	o Patient: Pare	ent □ Spo	use 🗆	Other:					
	of Medical Tra uired. Please only		•	• •					proof of payment, al information.
	– Please ensure ea	·	ociated sup	porting dod		tation is clearly	•	RIP#.	
Patient Number (From Section 2)	lumber Appointment Appointment From Location		nent Name of Specialist		Primary Diagnosis		Insured Service Required		Reason for Travel ¹
¹ Reasons fo	r Travel can include Spe	ecialist Appointment	s, Treatments	s (e.g. Cancer/	Dialysis), and Specialized T	esting.		
	of the above appoi		•			No □ ting documenta	tion.		
Please conf	irm the following e	•				• •		ed with yo	
Airfare & Ba		Expense	Date(s)	Expense am	ount	Receipts Attac	cned		Notes
Paid Accommodations (\$125/night max) Private Accommodations (\$25/night) Ferries, Car Rentals and Buses						□ N/A □			
	utomatically claimed w	ith Accommodation	s Total:			Ц			

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:				

			Total:							
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	s 🗆						