



**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 <sup>1</sup>

<sup>1</sup> 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			<input type="checkbox"/>	
Taxis			<input type="checkbox"/>	
Paid Accommodations (\$125/night max)			<input type="checkbox"/>	
Private Accommodations (\$25/night)			N/A	
Ferries, Car Rentals and Buses			<input type="checkbox"/>	

† Meals are automatically claimed with Accommodations Total: \_\_\_\_\_

