

Before completing your MTAP In-Province Flight Pass application, please read this User Guide in full. Ensure that all information provided is accurate and complete. Incomplete or incorrect information may delay the processing of your application.

Introduction

This guide shows you how to complete the [MTAP In-Province Flight Pass application](#). This information is needed to request a prepaid flight pass. You will be asked to provide contact details, appointment details, and other important information.

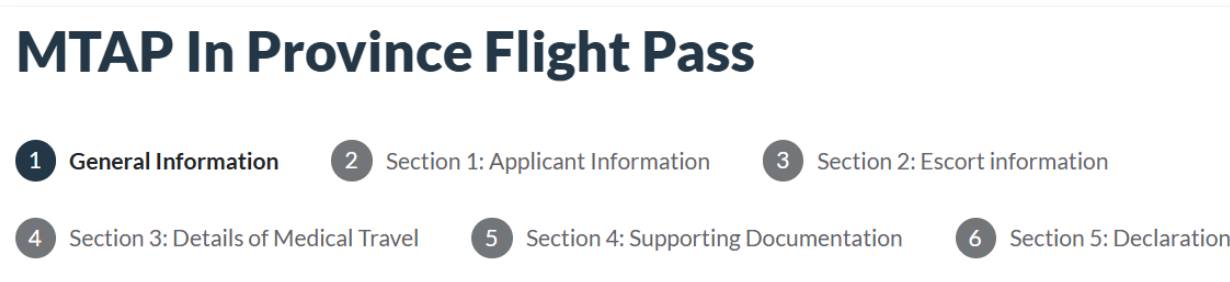
Only people who currently live in the [Labrador-Grenfell Health Zone](#) can use the flight pass program.

Tip: Have your appointment information ready before you begin.

How the Application Works

The MTAP Flight Pass application consists of six (6) steps (Picture 1). At the top of the page, you can see your current step and track your progress through the application.

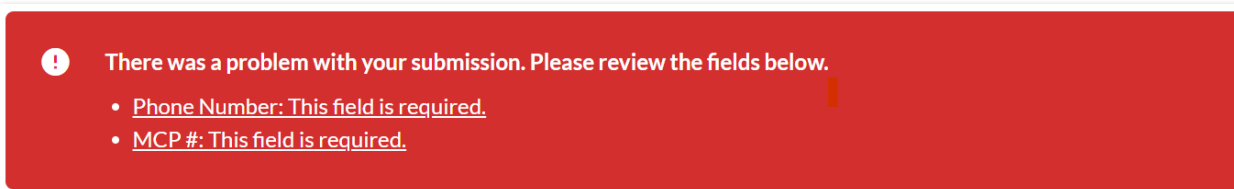
Picture 1



Use the **Next** button at the bottom of each page to move ahead to the next step and the **Previous** button to go back to an earlier step.

You must fill in everything marked **Required**. If you miss something, a red box will appear at the top of the page to tell you what information is missing (Picture 2).

Picture 2



What You Need

- Your MCP number
- Proof of your scheduled appointment
- Escort information and medical note, if required (see Section 2)

Section 1: Patient Information

This section (Picture 3) asks for basic personal information, including your name, contact information, MCP number, address, and email address (if you have one). Make sure the information matches the identification you will use during travel.

Your **MCP** must be valid and not expired. The expiry date can be found on your card. If you recently renewed your MCP but have not yet received a new card, you can upload the renewal confirmation as a document (see Section 4).

If your **Mailing Address** (e.g., PO Box) is different than your **Residential Address** (street name and number), enter the mailing address as well. If both addresses are the same, click the **Same as Residential Address** box. The extra fields will disappear.

Picture 3

Name (Required)		Phone Number (Required)	
First	Last		
MCP Number (Required)		MCP Expiry Date (Required)	
		YYYY	MM DD
Residential Address (Required)		Date of Birth (Required)	
Street Address		YYYY MM DD	
Address Line 2			
City / Town	Province		
	Newfoundland and Labrad▼		
Postal Code			
Please note that the program is only available to NL residents with a valid MCP #.			

Mailing Address	
☐ Same as Residential Address	
Street Address	
Address Line 2	
City / Town	Province
	Newfoundland and Labrad▼
Postal Code	

If you have private health insurance, select Yes (Picture 4). Add the name of your insurance company in the box that appears.

If you are eligible to receive travel support through your employer, another department, government, or organization such as Hope Air, select Yes (Picture 4).

If you select Yes (Picture 4) to receiving income support, or home support or financial benefits through the Community Support Program, you are not eligible for MTAP. You need to contact the Medical Transportation Supports Program (MeTS) for help with travel at 1-833-729-6106 or email MeTS@gov.nl.ca.

Picture 4

Does the patient have health insurance from their job or insurance bought themselves (i.e., Blue Cross, Canada Life, belairdirect, etc.)? *(Required)*

☐ Yes

☐ No

Note: Medical travel expenses must be reviewed by your private insurer, and the resulting assessment MUST be submitted with your post-travel claim to the Department. Check with your insurer before travel to confirm their claim documentation requirements.

Is the patient eligible to receive travel support for this trip from another department, organization, employer, or government, including the Non-Insured Health Benefits program (NIHB)? *(Required)*

☐ Yes

☐ No

Is the patient receiving Income Support, Home Support, or Financial Benefits through the Community Support Program? *(Required)*

☐ Yes

☐ No

Section 2: Escort Information

This section (Picture 5) asks if someone will be travelling with you to provide support. This person is called an escort and must be required for medical reasons and supported by medical documentation from a physician or nurse practitioner. Escorts must be 18 years of age or older. Healthcare professionals travelling in their professional capacity to provide care or transportation services are not eligible to be an escort.

The information you provide must match the ID they will be using during travel.

Picture 5

Do you require an escort? *(Required)*

☒ Yes

☐ No

Escort Name

First Last

Escort Date of Birth

YYYY MM DD

Section 3: Details of Medical Travel

This section (Picture 6) collects appointment details and flight information. The **Appointment Location** may include the name of the facility (e.g., Health Sciences Centre) or the street address (e.g., 123 Avenue) where your appointment is taking place.

Choose the **Primary Reason for Travel** from the dropdown list. If you have multiple appointments, select the reason that applies to the earliest appointment and enter the date of that appointment.

If you know the **Physician Specialty** (e.g., surgeon, Ophthalmologist, Cardiology), include it here. You can also say if you are travelling for a test (e.g., MRI, CT scan), illness or treatment (e.g., cancer, dialysis) or indicate Unknown.

Choose where you are **Departing** from (closest airport to where you live), where you will be **Arriving** (closest airport to your appointment), and if a round-trip is needed. Do the same for your escort if you have one. If your escort is not travelling from the same airport, or if you are returning to a different airport, you may need to provide extra documents.

Picture 6

Appointment Location <i>(Required)</i>	Primary Reason for Travel <i>(Required)</i>
I.e. Health Science Center, Miller Center, etc.	Addiction Treatment Facility
Date of Appointment <i>(Required)</i>	Physician Specialty <i>(Required)</i>
YYYY MM DD	
	If unknown or the appointment is only for specialized testing please indicate "Unknown" or "Testing"
Patient is Departing From <i>(Required)</i>	Patient is Arriving In <i>(Required)</i>
Churchill Falls	Churchill Falls
Escort is Departing From <i>(Required)</i>	Escort is Arriving In <i>(Required)</i>
Churchill Falls	Churchill Falls

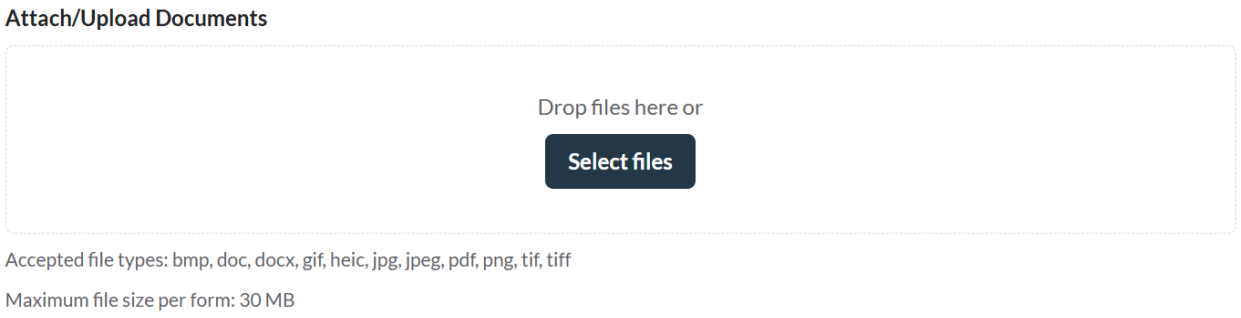
Section 4: Supporting Documentation

This section (Picture 7) allows you to upload the documents to process your request. If you need to add more information, you can also attach it here. You can either drag and drop your files into the box or click **Select files** to choose your documents from your device. Make sure the files you are adding meet the accepted file types listed.

The supporting documentation checklist reminds you of what is needed to complete the request. You do not have to fill it out to submit the application, but your application must be accurate and complete to be processed.

Remember, you can use the **Previous** button at the bottom of any page to go back and check your answers.

Picture 7



The screenshot shows a web form titled "Attach/Upload Documents". It features a large dashed rectangular box for file uploads. Inside this box, the text "Drop files here or" is centered above a dark blue button labeled "Select files". Below the dashed box, there is a line of small text listing accepted file types: "Accepted file types: bmp, doc, docx, gif, heic, jpg, jpeg, pdf, png, tif, tiff". At the bottom of the section, another line of small text states: "Maximum file size per form: 30 MB".

Section 5: Declaration and Submission

This section (Picture 8) contains the privacy rules and terms you need to follow for the MTAP In-Province Flight Pass program. Read them carefully, check the box if you agree to the privacy statement. Add your digital signature using your computer mouse or use your finger if your device is a touch screen.

When you finish all parts of the application, press the **Submit** button to send your application. After you submit, you will see a page that confirms your application was sent.

Emails from MTAP will come from FlightPassMTAP@gov.nl.ca. If you are waiting for an email, please check your junk or spam folder.

Picture 8

Privacy statement *(Required)*

- I declare that the information provided on this application is true and correct to the best of my knowledge.
- I understand that this information is collected by the Department of Labrador Affairs pursuant to section 61(1)(c) of the Access to Information and Protection of Privacy Act, 2015 as such information relates directly to and is necessary to, and will be used to determine eligibility for reimbursement of eligible expenses in accordance with the Medical Transportation Assistance Program criteria and conditions, which may include discussions with parties from the Department of Health and Community Services.
- I understand and agree that a post travel claim for assistance received through an in province flight pass application must be submitted within six (6) months of the eligible insured specialized medical service; that flight passes are limited to three consecutive trips within a six (6) month period unless a related claim is submitted; that failure to submit a post travel claim may restrict eligibility for future flight passes; and that failure to submit a post travel claim within twelve (12) months may result in recovery of assistance by the Department of Labrador Affairs.

☐ I agree to the privacy statement.

Signature

Support & Troubleshooting

If you need help filling out the application, email us at FlightPassMTAP@gov.nl.ca.