

Medical Transportation Assistance Program In-Province Medical Transportation Claim - Flights and Other Travel Costs User Guide

Before completing your MTAP In-Province Medical Transportation Claim – Flights and Other Travel Costs, 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 claim.

Introduction

This guide shows you how to complete the [MTAP In-Province Medical Transportation Claim - Flights and Other Travel Costs](#). This process should be used when you are claiming eligible airfare, accommodation, and other travel expenses for one in-province trip.

If you are claiming only private vehicle mileage for one or more in-province trips, please use the "[MTAP In-Province Medical Transportation Claim - Private Vehicle Only](#)".

You will be asked to provide contact details, patient and escort details, appointment details, and other important information.

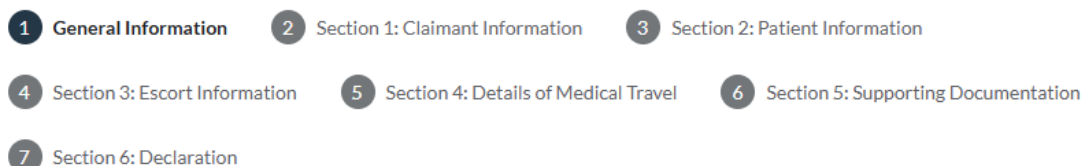
Tip: Have the appointment information, receipts, and private insurance provider's explanation of benefits, if applicable, ready before you begin.

How the Claim Works

The MTAP In-Province Medical Transportation Claim – Flights and Other Travel Costs consists of seven (7) steps (Picture 1). At the top of the page, you can see your current step and track your progress through the claim.

Picture 1

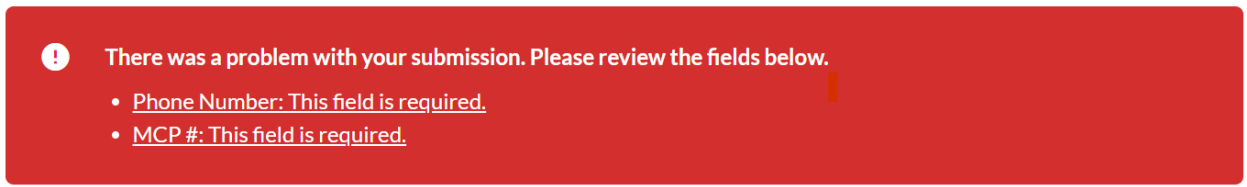
MTAP In-Province Medical Transportation Claim – Flights and Other Travel Costs

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- 1 General Information
 - 2 Section 1: Claimant Information
 - 3 Section 2: Patient Information
 - 4 Section 3: Escort Information
 - 5 Section 4: Details of Medical Travel
 - 6 Section 5: Supporting Documentation
 - 7 Section 6: Declaration

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 personal information (MCP number and expiry date, address, and contact information)
- The patient's MCP number and expiry date
- Escort information and medical note, if required (see Section 3)
- Travel itinerary documentation (e.g., flight itineraries)
- Confirmation of attendance for each appointment
- Private insurance provider's explanation of benefits for travel (payout details), if applicable
- Expense receipts, including proof of payment

Section 1: Claimant Information

The claimant is the person submitting the claim and receiving any reimbursement related to it. The claimant may be the patient or another member of the same household who incurred the eligible expenses and is acting on the patient's behalf, such as an approved escort.

This section (Picture 3) asks for basic personal information, including your name, contact information, MCP number, address, and email address (if you have one).

Refer to Section 2 of this guide for information about the patient(s).

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 in Step 6 of the claim. Refer to Section 5 of this guide for additional information.

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

Section 2: Patient Information

This section (Picture 4) asks for information about the patient or patients associated with the claim.

If you are also the patient who received the medical services and incurred the travel expenses, select Yes. You do not need to enter the same information again under Patient Details.

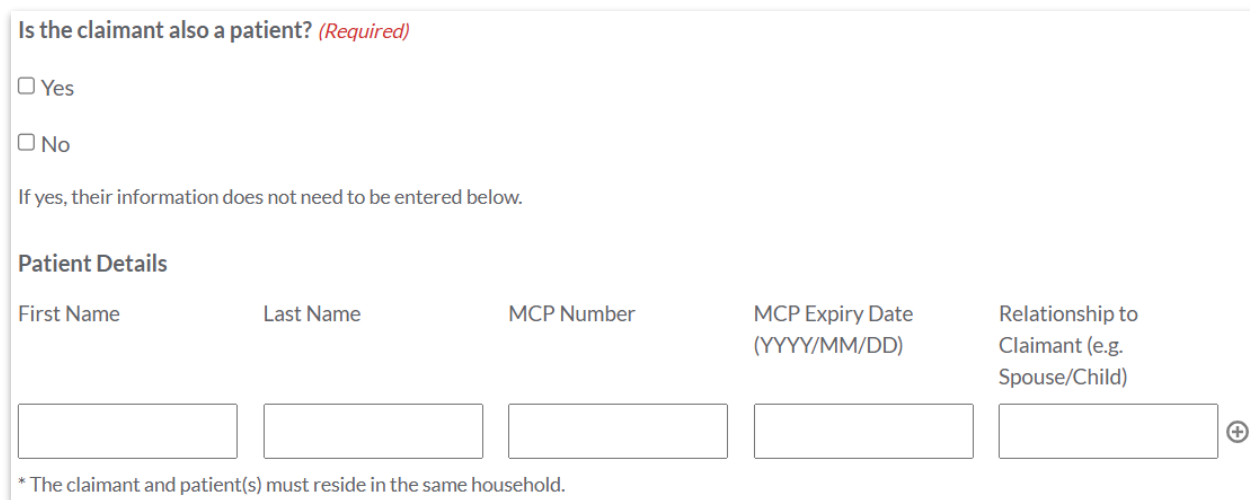
If you are claiming expenses for another patient, enter the patient's name, MCP number, MCP expiry date, and relationship to you under **Patient Details**.

If you are claiming expenses for multiple patients for the same trip, enter the information for each patient. To add additional patients, click the **plus (+) symbol** to the right of the Patient Details area.

Remember: Only one trip may be included per claim. If you need to claim expenses for a different trip, you must submit a separate claim.

Patients included in the claim must reside in the same household as you.

Picture 4



Is the claimant also a patient? *(Required)*

☐ Yes

☐ No

If yes, their information does not need to be entered below.

Patient Details

First Name	Last Name	MCP Number	MCP Expiry Date (YYYY/MM/DD)	Relationship to Claimant (e.g. Spouse/Child)
				

* The claimant and patient(s) must reside in the same household.

If either patient has private health insurance, select Yes (Picture 5). Add the name of the insurance company in the field that appears.

If either patient received or is eligible to receive travel support through an employer, another department, government, or organization such as Hope Air, select Yes (Picture 5). Please enter information about the source and amount in the fields that appear.

If either patient answers Yes (Picture 5) to receiving income support, or home support or financial benefits through the Community Support Program, they are not eligible for MTAP and must be removed from the claim, along with any expenses related to them.

They will 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 5

Does either patient have private health insurance through their employer or an insurance plan they purchased themselves (e.g., Blue Cross, Canada Life, belairdirect)?

(Required)

☐ Yes

☐ No

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

Has either patient received, or are they eligible to receive, travel support for this trip from another department, organization (e.g. Hope Air), employer, or government, including the Non-Insured Health Benefits program (NIHB)? *(Required)*

☐ Yes

☐ No

Is either patient receiving income support, or home support or financial benefits through the Community Support Program?

(Required)

☐ Yes

☐ No

Section 3: Escort Information

This section (Picture 6) asks if someone travelled with the patient(s) to provide support. This person is called an escort and must be required for medical reasons and supported by 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 claimed as escorts.

Picture 6

Do you require an escort? *(Required)*

☒ Yes

☐ No

Escort Name

First

Last

Escort Date of Birth

YYYY

MM

DD

Section 4: Details of Medical Travel

This section collects travel, appointment, and expense details. The **Date of Departure and Return** (Picture 7) should reflect the first date of travel and the date the patient returned home.

Choose the **Primary Reason for Travel** from the dropdown list. If there were multiple appointments, select the reason that applies to the earliest appointment.

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

Picture 7

Date of Departure (Required)			Primary Reason for Travel (Required)
YYYY	MM	DD	Addition Treatment Facility ▼
Date of Return (Required)			Condition, Illness, or Physician Specialty (Required)
YYYY	MM	DD	
If unknown or the appointment is only for specialized testing please indicate "Unknown" or "Testing"			

Under the Appointment Details (Picture 8), the **Appointment Location** may include the name of the facility (e.g., Health Sciences Centre) or the street address (e.g., 123 Avenue) where the appointment took place.

The **Date of Appointment** and **Name of Specialist** (e.g., Dr. Smith) should be indicated for each appointment.

To add additional appointment lines, click the **plus (+) symbol** to the right of the Appointment Details area.

If any appointments included an in-patient stay, where either patient was required to stay overnight in a medical facility, select Yes. Add the **Date of Admission** and **Date of Discharge** in the fields that appear.

Picture 8

Appointment Location	Date of Appointment (YYYY/MM/DD)	Name of Specialist
Use the plus sign to the right to add additional appointments.		
Did either of the above appointments include an in-patient stay? (Required)		
☐ Yes		
☐ No		

Under each **Expense Type** (Picture 9), select the applicable expense (e.g., airfare and baggage, paid or private accommodations, or taxis and car rentals). Enter the date or date range for the expense and the total amount claimed. Repeat this process for each expense type being claimed.

Meal per diems do not need to be entered as an expense type. Eligible meal per diems are automatically calculated based on the information provided in the claim.

Example: If a taxi was used each day from June 15 to 19 and each trip cost \$20.00, select **Taxis and Car Rentals** as the expense type, enter **June 15–19** as the date range, and **\$100.00** as the total amount claimed. Receipts supporting the expense must be uploaded in Step 6. Refer to Section 5 of this guide for additional information.

Please note: Receipts are required for most expenses. However, receipts are not required for private accommodations, meal per diems, or private vehicle mileage.

The total claimed amount is automatically calculated from the amounts entered for each expense type.

Picture 9

Expense Type Airfare & Baggage ▼	Airfare Date(s) 	Airfare Amount
Expense Type Taxis or Car Rentals ▼	Taxi or Car Rental Date(s) 	Taxi or Car Rental Amount
Expense Type Paid Accommodations ▼	Paid Accom. Date(s) 	Paid Accom. Amount
Expense Type Private Accommodations ▼	Private Accom. Date(s) 	Private Accom. Amount
Expense Type Ferries & Buses ▼	Ferries & Buses Date(s) 	Ferries & Buses Amount
Total Expense Amount		\$ 0.00 CAD

If you are claiming private vehicle mileage (Picture 10), select "Yes" and complete the Private Vehicle Mileage section that appears.

To help calculate the distance travelled, enter the **Starting Location**, which is typically the patient's community of residence (e.g., Grand Falls-Windsor), and the **Ending Location** where the appointment took place. The ending location may be the name of the facility (e.g., James Paton Memorial Hospital) or the city or town where the appointment is located (e.g., Gander).

Do not include stops along the route unless they relate to another medical appointment.

Note: Distance calculations are based on community-to-community distances, not specific street addresses. For assistance calculating distance, refer to the [Newfoundland and Labrador Road Distance Database](#).

Under **Date(s) of Travel**, enter the date or dates travelled. For a round trip, this is generally the departure date and return date.

Under **Total Distance**, enter the total kilometres travelled. If “Y” is selected under **Round Trip**, include both the trip to the appointment and the return trip in the total distance.

As an example, if the patient travelled from Corner Brook to St. John’s on May 5 and returned on May 9, you would enter:

Starting Location	Ending Location	Date(s) of Travel	Round Trip	Total Distance
Corner Brook	St. John’s	May 5 / May 9	Y	1380 km

Picture 10

Are you claiming private vehicle mileage for this trip?

☒ Yes

☐ No

Private Vehicle Mileage

Starting Location (e.g. City/Facility)	Ending Location (e.g. City/Facility)	Date(s) of Travel	Round Trip (Y/N)	Total Distance (Both Legs, if Round Trip)
				

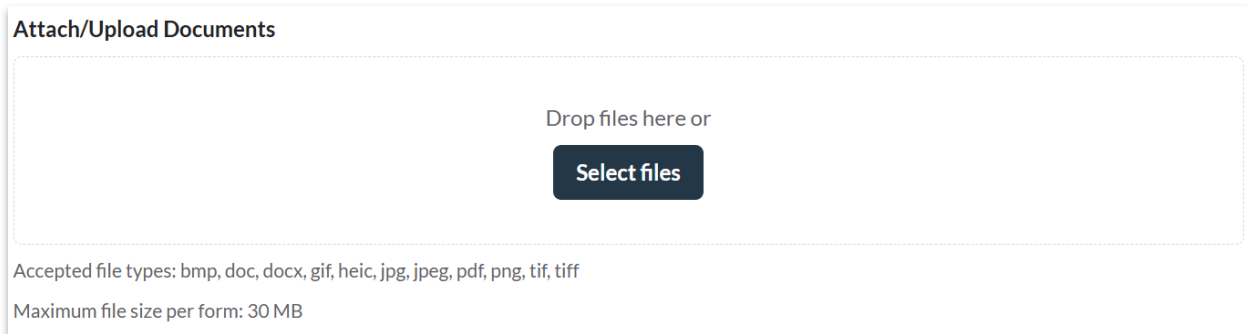
To add additional mileage for the trip, click the **plus (+) symbol** to the right of the Private Vehicle Mileage area.

Section 5: Supporting Documentation

This section (Picture 11) 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 claim, but your claim must be accurate and complete to be processed.

Picture 11



Attach/Upload Documents

Drop files here or

Select files

Accepted file types: bmp, doc, docx, gif, heic, jpg, jpeg, pdf, png, tif, tiff

Maximum file size per form: 30 MB

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

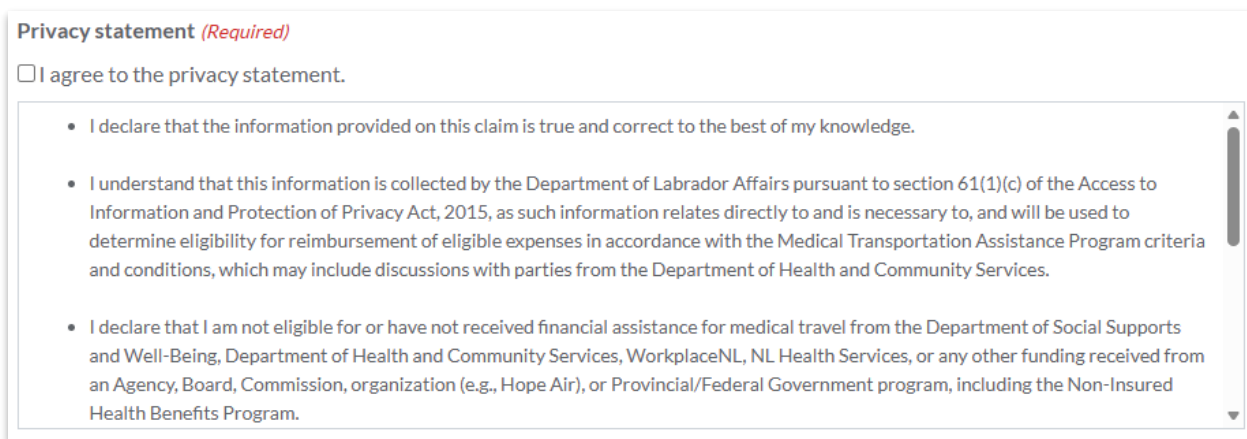
Section 6: Declaration and Submission

This section (Picture 12) contains the privacy rules and terms you need to follow for the MTAP In-Province Medical Transportation Claim – Flights and Other Travel Costs. 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 has a touch screen.

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

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

Picture 12



Privacy statement *(Required)*

☐ I agree to the privacy statement.

- I declare that the information provided on this claim 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 declare that I am not eligible for or have not received financial assistance for medical travel from the Department of Social Supports and Well-Being, Department of Health and Community Services, WorkplaceNL, NL Health Services, or any other funding received from an Agency, Board, Commission, organization (e.g., Hope Air), or Provincial/Federal Government program, including the Non-Insured Health Benefits Program.

Support & Troubleshooting

If you need help filling out the claim, email us at MTAP@gov.nl.ca or call 1-877-475-2412.