

Medical Transportation Assistance Program In-Province Medical Transportation Claim - Private Vehicle Only User Guide

Before completing your MTAP In-Province Medical Transportation Claim - Private Vehicle Only, 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 - Private Vehicle Only](#). This process should be used when you are claiming private vehicle mileage only for one or more in-province trips.

If your trip includes private vehicle mileage and accommodations, or other eligible in-province travel expenses, please use the "[MTAP In-Province Medical Transportation Claim - Flights and Other Travel](#)". All expenses for the trip must be included on the same claim.

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

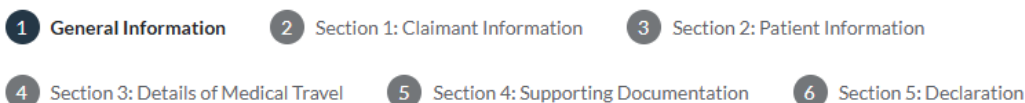
Tip: Have the appointment information and private insurance provider's explanation of benefits, if applicable, ready before you begin.

How the Claim Works

The MTAP In-Province Medical Transportation Claim - Private Vehicle Only consists of six (6) steps to complete (Picture 1). At the top of the page, you can see your current step and track your progress through the claim.

Picture 1

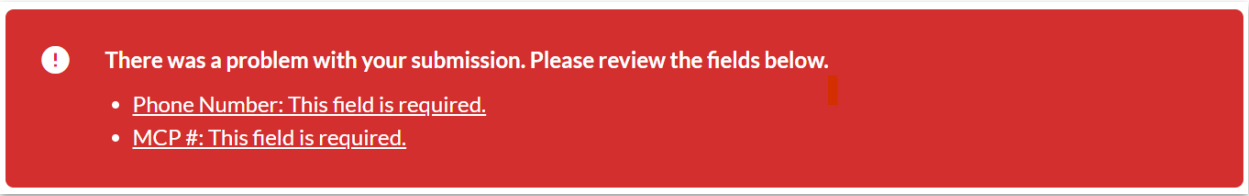
MTAP In-Province Medical Transportation Claim – Private Vehicle Only

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- A horizontal progress bar with six numbered steps. Step 1 is highlighted in dark blue, while steps 2 through 6 are in light grey.
- 1 General Information
 - 2 Section 1: Claimant Information
 - 3 Section 2: Patient Information
 - 4 Section 3: Details of Medical Travel
 - 5 Section 4: Supporting Documentation
 - 6 Section 5: 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
- Confirmation of attendance for each appointment
- Private insurance provider's explanation of benefits for travel (payout details), if applicable

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 5 of the claim. Refer to Section 4 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)
	YYYY MM DD	Date of Birth (Required)
	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		Postal Code
Please note that the program is only available to NL residents with a valid MCP #.		

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.

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: Details of Medical Travel

This section (Picture 6) is used to enter the details of each private vehicle trip.

Under **Patient MCP**, enter the MCP number of the patient associated with the appointment. If you are entering multiple trips for the same patient, you do not need to enter the MCP number for each trip. Enter the MCP number only when the patient differs from the previous trip.

If a trip included multiple appointments, enter the date of the earliest appointment for that trip.

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 6

Private Vehicle Mileage

Patient MCP*	Date of Appointment (YYYY/MM/DD)	Starting Location (e.g. City/Facility)	Ending Location (e.g. City/Facility)	Date(s) of Travel	Total Distance (Both Legs, if Round Trip)
					 
					 

* MCP number is only required on the first line unless mileage is being claimed for different patients on the same application.

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

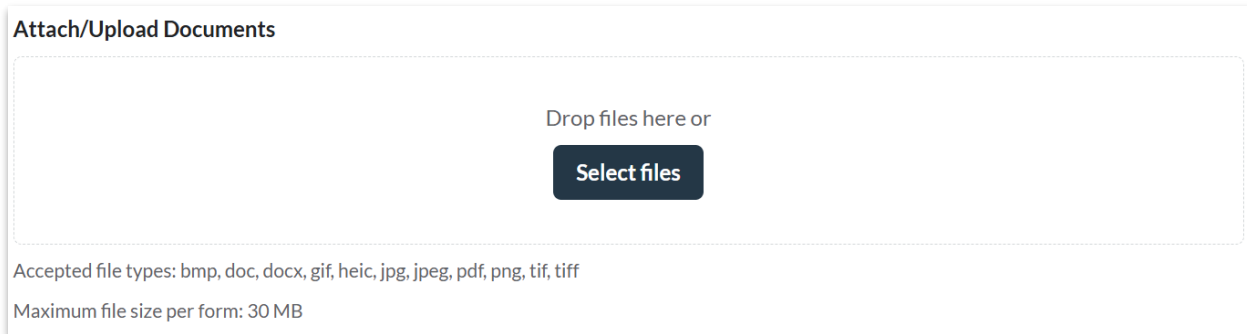
Section 4: Supporting Documentation

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 claim, but your claim 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



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

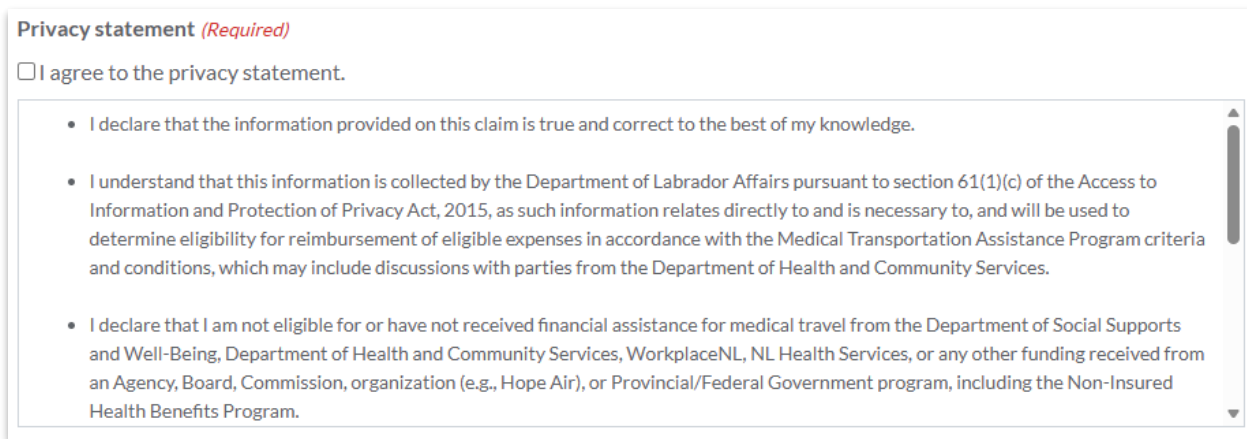
Section 5: Declaration and Submission

This section (Picture 8) contains the privacy rules and terms you need to follow for the MTAP In-Province Medical Transportation Claim - Private Vehicle Only. 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 8



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.