Travelling for Medical Services?

We are here to help.

If you have travelled for specialized medical treatments or services, you may be eligible for financial help.

Medical Transportation Assistance Program (MTAP) Claim Guide

Effective April 1, 2026

Newfoundland & Labrador

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1. Purpose

The Medical Transportation Assistance Program (MTAP) offers financial support to help cover eligible travel expenses for patients who need to access specialized MCP-insured medical services that are not available in their area of residence.

Eligible services may include travel for physician specialist appointments, medical treatments including chemotherapy, dialysis and radiation, as well as diagnostic investigations like nuclear medicine tests, MRI and PET scans.

Specialized services that may be eligible are listed here.

About this guide:

In this guide, “you” refers to the person submitting the claim. On the claim form, this person is called the claimant.

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 escort).

Throughout this guide, "patient" refers to the person receiving the medical service. Eligibility for MTAP is based on the patient's circumstances, while claim requirements and payment of assistance relate to the claimant.

2. What MTAP May Help Cover

MTAP may help a patient with eligible out-of-pocket costs for:

- Economy airfare
- Accommodations
- Meal allowances
- Private vehicle
- Taxis (when used with airfare or bus)
- Scheduled transportation services (e.g., bus, ferry)
- Car rentals, in limited circumstances

When a referring physician requires the patient to have an escort, those travel costs may also be eligible for financial assistance. Details are provided in Section 9.

3. How Expenses are Paid

In most cases, you must pay travel costs up front and submit a claim to MTAP after travel is complete.

A limited pre-payment option is available for some airfare. Details are provided in Section 14.

4. Who May Be Eligible

A patient may be eligible for MTAP if they:

- have active MCP coverage at the time of travel;
- must travel to access specialized insured medical services that are not available in their area of residence;
- travel to and from their residence in Newfoundland and Labrador to access the medical service; and
- incur out-of-pocket travel costs related to accessing these services.

Important limitations

Meeting the eligibility criteria does not guarantee coverage.

A patient may meet MTAP's basic eligibility criteria but still not qualify for certain types of travel. For example, assistance is not available when travel is:

- to seek a second opinion;
- to avoid wait times;
- for experimental treatments or participation in clinical trials; or
- when the required medical service is available in their area of residence.

A patient may not be eligible for MTAP assistance if travel costs are covered by another program or funding source.

Further details are provided in Sections 11, 12 and 13.

5. General Program Rules

5.1 Nearest Treatment Location

MTAP only considers travel to the nearest appropriate treatment facility for the specialized insured medical service required. Exceptions may be considered when travelling out-of-province.

5.2 Payer of Last Resort

MTAP is a payer of last resort. Before applying to MTAP, you must first use any other coverage available to the patient.

If travel expenses may be covered by private insurance or another funding source, you must submit those expenses to that source before applying to MTAP.

You must tell MTAP about any amounts that have been paid, or may be paid, by other sources, including:

- private insurance
- other government programs
- Indigenous or community supports
- non-profit organizations
- employer benefits

You must include supporting documents with your claim. If travel expenses were submitted to private insurance, you must provide a copy of the insurer's decision showing what was covered and any amounts paid.

MTAP will not assess your claim until all required information has been received, including confirmation from the insurer, if applicable.

Once all other sources have been considered, MTAP will review any remaining eligible expenses for possible assistance.

If you do not report payments from other sources, MTAP may recover any assistance paid. Claims found to be fraudulent may be subject to further action.

5.3 Out-of-Pocket Expenses

MTAP provides assistance only for eligible out-of-pocket expenses incurred by the patient or you when acting on the patient's behalf.

If you or the patient uses a gift card to pay for an eligible expense, you may be reimbursed only if you can show that you or the patient personally purchased the gift card and used it for that expense.

Payments made using reward points, Air Miles, vouchers, or similar programs are not eligible for reimbursement. Only additional out-of-pocket charges, such as taxes or fees, may be considered with valid receipts.

5.4 Claim Submission Timelines

For travel lasting more than 30 consecutive days, you must submit your claim monthly.
For all other claims, you must submit within 12 months of the date of the specialized insured medical service.

5.5 Claims Requirements and Assessment

Claims must include all required documentation at the time of submission. Incomplete claims will not be assessed until all information has been received. All required information must be submitted within 12 months of the date of the specialized insured medical service.

5.6 Annual Funding Periods

Where the policy uses yearly funding levels, deductibles, or assistance rates, these are based on the period from April 1 to March 31.

6. How to Apply

6.1 Which Form to Use

For most travel, you apply after the trip is finished by completing the correct MTAP claim form.

Use the:

- **In-Province Medical Transportation Assistance Claim** for eligible in-province travel; or
- **Out-of-Province Medical Transportation Assistance Claim** for eligible out-of-province travel.

6.2. Where to Submit

Once completed, you can email your claim with the required supporting documentation and official receipts for eligible costs to: mtap@gov.nl.ca, or submit via mail or fax to:

Medical Transportation Assistance Program
Department of Labrador Affairs
Government of Newfoundland and Labrador
P.O. Box 8700, St. John's, NL A1B 4J6
Fax: 709-729-1918

6.3 Direct Deposit

Direct deposit forms are no longer submitted to MTAP.

To receive MTAP payment via direct deposit, you must complete the Government of Newfoundland and Labrador's supplier form and submit the authorization online.

The form asks for your name, mailing address, contact information and banking details to facilitate payment processing. See the following website links:

Online Supplier Form
Supplier Setup Information

7. Signature Requirements

You may digitally sign your claim if:

- you are the patient; or
- patients listed are 15 years of age or younger.

If you are not the patient or if your claim includes more than one patient aged 16 or older, the claim must include:

- a handwritten signature from each patient aged 16 or older; and
- your handwritten or digital signature.

8. Documents Required with a Claim

8.1 Attendance Confirmation

You must include proof that the patient attended the appointment or received the medical service. The attendance confirmation must show:

- the date and time, if available, the patient attended their appointment (including admission and discharge dates if applicable);
- the reason for the appointment or service (e.g., MRI, colonoscopy, etc.); and
- the signature of the specialist or delegated authority.

8.2 Referral Requirements

You must include the patient's referral requirements depending on where the care is received:

- **In-province:** A referral from a Newfoundland and Labrador physician is not required. However, it can help speed up the assessment process by providing important information.
- **Out-of-province:** A referral from a Newfoundland and Labrador specialist physician is required. The same referral may be used for multiple trips within a 12-month period if the primary diagnosis remains the same. MTAP may require advice from the Department of Health and Community Services (HCS) medical staff before approving the claim.
- **Out-of-country:** A referral from a Newfoundland and Labrador specialist physician and their prior MCP approval for out-of-country treatment are required.

8.3 Appointment Confirmation

You do not have to include the patient's appointment confirmation record for a post-travel claim. It is only required when applying for one of MTAP's airfare pre-payment options. However, it can help speed up the assessment process by providing important information.

Where required, the appointment confirmation must include:

- the appointment date and time if available, including admission and discharge dates if applicable;
- the name of the specialist physician; and
- the reason for the appointment (e.g., MRI, colonoscopy, etc.).

8.4 Receipts and Proof of Payment

You must include clear, readable receipts to show proof of payment for eligible expenses. Receipts must show the amount paid, the method of payment (e.g., credit or debit) and identify the person who paid or is responsible for the expense. If this is not clear, additional documentation may be requested.
Receipts are required for the following expenses:

- airfare (including tickets, baggage fees and itinerary)
- purchased accommodations
- taxis
- scheduled transportation services (e.g., bus, ferry, shuttle)

- car rentals

For local transportation such as taxis, receipts may be reviewed along with your travel details (e.g., appointment or accommodation information) to confirm the expense is reasonable and related to your approved travel.

Receipts are not required for expenses reimbursed using set rates or allowances, including:
- meal allowances
- private accommodations
- private vehicle mileage

Expenses that are not eligible under MTAP will not be reimbursed.

9. Escort

MTAP may help with travel costs for one escort when the escort is medically required to assist during travel.

Escort support is provided only when there is a medical need. It is not available for emotional support or other non-medical reasons.

When an escort may be eligible

An escort may be approved if:
- a physician or nurse practitioner confirms that an escort is medically required for travel;
- the patient is under 18 years of age; or
- the patient is 80 years of age or older.

In some cases, existing medical documentation may support an ongoing need for an escort.

Examples of when an escort may be medically required include situations where the patient:
- requires help with daily activities such as dressing, eating or mobility;
- has a cognitive or physical condition that affects their ability to travel independently; or
- is undergoing treatment or a procedure that limits their ability to travel alone.

Documents required

When an escort is requested based on medical need, a medical note is required. The note must:
- describe the patient's medical condition or treatment; and
- explain why an escort is required.

What costs may be covered

Eligible escort costs may include transportation, accommodations and meal allowances, subject to MTAP rates and limits.

You must submit any escort expenses being claimed and provide any required supporting documentation.

Travel and accommodation expectations

- The escort must travel with the patient to and from the patient's home community in Newfoundland and Labrador.
- The escort must stay in the same accommodations as the patient, unless the patient is hospitalized.
- If the patient is hospitalized for an extended period, escort support may be limited.

Important limitations

- Only one escort is eligible for funding.
- Escort support is not provided for convenience, personal preference or non-medical reasons.
- Escort travel must be directly related to the patient's approved medical trip.
- Escort support is generally not provided when a patient is transported by ambulance or medivac and remains an inpatient, unless the patient is under age 18.

Additional guidance

Detailed eligibility criteria, documentation requirements and operational rules are outlined here.

10. Eligible Expense Rules

10.1 Private Vehicle Mileage

Private vehicle mileage assistance may be available when a private vehicle is used for a patient's eligible medical travel.

Who may be eligible

A patient may be eligible for mileage assistance if both of the following conditions are met:

- The required medical service is not available within 50 kilometres (one way) of the patient's community of residence; and
- Eligible medical travel totals 500 kilometres or more during the program year (April 1 to March 31), including any eligible household travel that may be combined under the Household travel rules below.

Mileage assistance becomes payable once the 500-kilometre threshold is reached.

Mileage rate

Mileage is reimbursed at $0.25 per kilometre for all eligible travel.

What travel is covered

Eligible kilometres must:

- be directly related to approved medical appointments or treatment; and
- follow the most direct and practical route.

Travel for personal reasons, detours or non-medical activities is not eligible.
Travel distance is calculated from the patient's community of residence to the location of their approved medical appointment.

How distances are calculated

- **In-province travel:** Distances are based on the Newfoundland and Labrador Road Distance Database.
- **Out-of-province travel:** Distances are based on the shortest practical route using Google Maps.

Household travel

If members of the same household are travelling for medical appointments:

- Eligible kilometres for immediate family members living in the same household may be combined and claimed by one person to meet the 500-kilometre threshold.
- Family members travelling around the same time (same day, consecutive days, or during the same trip) must travel together in one vehicle, where reasonable.

One vehicle per trip

If two or more people travel together in the same private vehicle for medical purposes, only one mileage claim is allowed for that trip.

If an escort is medically required:

- the escort must travel with the patient; and
- mileage assistance is limited to one vehicle only (no separate payment for escort travel).

Submitting private vehicle claims

- If you are claiming many private vehicle trips, you may use the Private Vehicle Worksheet to list them.
- The Private Vehicle Worksheet must be submitted with an In-Province or Out-of-Province Medical Transportation Assistance Claim form.
- Worksheets submitted on their own will not be assessed.

10.2 Airfare and Other Eligible Expenses

Airfare and other eligible expenses

This assistance structure applies to:

- Labrador–Grenfell Health Zone residents travelling within the province; and
- Newfoundland and Labrador residents travelling out-of-province.

For eligible economy airfare, assistance is calculated on the total eligible airfare costs accumulated by the patient, including approved escort airfare expenses, between April 1 and March 31, starting with the first trip in that period, as follows:

- 100% reimbursement of the first $1,000
- 75% of costs between $1,000 and $8,000
- 85% of costs over $8,000

For eligible accommodations, meals, taxis, car rentals and scheduled transportation, assistance is calculated on the total eligible costs accumulated by the patient, including approved escort expenses, between April 1 and March 31, starting with the first trip in that period, as follows:

- 50% of the first $3,000; and

- 75% of costs over $3,000.

Important
The 100% reimbursement of the first $1,000 applies to eligible economy airfare only and does not apply to accommodations, meals, taxis, car rentals or other expenses.

In-province travel (non-Labrador-Grenfell Health Zone residents)
This assistance structure applies to Newfoundland and Labrador residents (excluding Labrador–Grenfell Health Zone residents) travelling within the province.

For eligible in-province travel costs, including airfare, accommodations, meals, taxis, car rentals and scheduled transportation, assistance is calculated on the total eligible costs accumulated by the patient, including approved escort expenses, between April 1 and March 31, starting with the first trip in that period, as follows:
- the first $400 is a family deductible
- the next $100 is reimbursed at 100%
- the next $3,000 is reimbursed at 50%
- eligible costs over $3,500 are reimbursed at 75%

10.3 What Counts as an Eligible Airfare Expense

Eligible airfare costs include the economy fare and the cost of one checked bag, where supported by the official receipt and itinerary.

10.4 Accommodation Rules

A patient may be eligible for accommodation assistance if the nearest treatment centre is located more than 200 kilometres (one way) from their community of residence.
If a patient is approved for a medical escort, they are expected to stay in the same room. MTAP covers one accommodation unit per night per patient, including when an escort is approved. The maximum rate applies to the shared room and is not paid separately to the patient and escort.

Accommodation rates
Registered accommodation (e.g., hotel):
- **In-province:** $150 per day, to a maximum of $3,100 in a 30-day period
- **Out-of-province:** $175 per day, to a maximum of $3,500 in a 30-day period

Private accommodation (staying with family or friends):
- $25 per night (in-province and out-of-province)

30-day limit
Maximum amounts apply over any 30-day period, not by calendar month. There is no adjustment for months longer than 30 days.
Important rules
- You cannot claim both private and registered accommodation for the same night.
- If you cannot provide proof of payment for registered accommodation, your claim may be paid at the private accommodation rate.

- For island residents travelling in-province, private accommodation is only eligible after the $400 family deductible is met. The private accommodation amount does not count toward the deductible.

Number of nights covered

Accommodation assistance covers the number of days normally required for the patient to receive care, plus up to one additional night if needed. For example, a single appointment may be eligible for up to two nights (the night before and the night of the appointment), with return travel the following day.

In limited situations, Labrador patients travelling to the island by private vehicle may be approved for one courtesy accommodation night where required due to ferry schedules, even if they would not otherwise qualify for accommodation assistance.

10.5 Meal Allowances

Meal allowance assistance is available only when the patient qualifies for registered purchased accommodations or private accommodations. The rates are:

- $29 per day in-province
- $29 per day out-of-province when private accommodation is claimed
- $43 per day out-of-province when registered purchased accommodation is claimed

The maximum meal allowance is $700 in any 30-day period. This limit applies on a rolling 30-day basis (see section 10.4). Meal allowances are not eligible while a patient is admitted to the hospital as an inpatient.

10.6 Taxis and Local Transportation

Taxi and local transportation expenses, including ride share services (e.g., Uber), may be eligible when required as part of the patient's approved air or bus travel.

This assistance is intended to support necessary local travel at the destination to attend eligible medical appointments or access approved accommodations.

What taxi travel is eligible

Eligible taxi (including ride-share) travel is limited to:

- Between the airport and approved accommodations or medical provider, and return
- Between approved accommodations and the medical provider, and return

Taxi assistance applies only at the destination location and only for travel related to eligible medical appointments.

Maximum amounts

Taxi assistance is subject to the following limits:

- Airport to accommodations or medical provider (and return):
  - Up to $40 each way (in-province)
  - Up to $60 each way (out-of-province)
- Accommodations to medical provider (and return):
  - Up to $20 each way/per day (in-province and out-of-province)

Important limits

- The cost of the taxi or local transportation must be a paid service (e.g., taxi or ride-share).
- Additional taxi trips may be considered when the patient has multiple eligible appointments at different locations on the same day.

10.7 Car Rentals

Car rental costs may be eligible only when required as part of approved air travel. Receipts are required. The rental cost must not exceed the total maximum amount that would otherwise be eligible for taxi assistance.

10.8 Scheduled Transportation Services

Scheduled transportation expenses, including registered busing, minivan and ferry services, may be eligible for assistance. Receipts are required.

11. Costs Not Eligible

Only expenses identified as eligible in Section 2 may qualify for assistance. Examples of expenses that are not eligible include, but are not limited to:
does not cover expenses that are not listed as eligible in Section 2.

Ineligible expenses include, but are not limited to:

- Personal care items, utilities, mobility bills and long-distance phone calls
- Parking fees
- Airfare change or cancellation fees, unless the change or cancellation is required due to circumstances beyond the patient's control and is directly related to the scheduled medical appointment or another medically supported reason, with appropriate documentation

Submitting receipts for ineligible expenses may delay the review of your claim.

12. Travel and Services Not Covered

MTAP does not cover travel in-province or out-of-province for:

- Second medical opinions
- Avoiding wait times
- Experimental treatments or participation in clinical trials

- Accessing a service when the required care, or a suitable alternative, is available closer to the patient's area of residence
- Travel that includes personal, leisure or business purposes and is not solely for an eligible medical service

A patient is also not eligible for assistance for travel outside the province when it is based on a preference for a different treatment, provider or location, or when the service is not medically necessary or has not been approved by appropriate medical staff.

Examples of non-eligible services include:

- Family doctor or primary care visits
- Emergency room visits
- Routine lab services (e.g., blood or urine tests)
- Routine diagnostic tests (e.g., X-rays or ECGs)
- Services provided by private clinics (e.g., physiotherapy)
- Services not insured under MCP
- Road or air ambulance services, including out-of-province ambulance travel not insured under MCP

13. Who Is Not Eligible

The following patients are not eligible for assistance under MTAP:

- Patients who are not residents of Newfoundland and Labrador, do not have a valid address in the province or do not have active MCP coverage at the time the claim is submitted
- Patients receiving Income Support or Community Support clients receiving home support, financial benefits or subsidized long-term care, as medical travel costs may be covered through the Medical Transportation Supports (MeTS) program
- Patients whose travel costs are eligible for coverage through other government programs, including federal programs (e.g., Non-Insured Health Benefits) or provincial departments, agencies, boards or commissions, such as WorkplaceNL or Newfoundland and Labrador Health Services

The following individuals are also not eligible:

- Bone marrow, stem cell and living organ donors

14. Flight Prepayment Options

MTAP offers limited prepayment options for certain patients who need to travel by air for approved medical services. These programs help cover 75% or more of eligible airfare before travel takes place.

14.1 In-Province Flight Pass Program

This program is available to Labrador–Grenfell Health Zone residents travelling in-province for specialized insured medical services.

Coverage

MTAP may prepay 75% or more of the eligible airfare costs for the patient and any approved escort.

For the patient's first approved trip between April 1 and March 31, including any approved escort travel:

- if total eligible airfare is up to $1,000, MTAP may prepay the full eligible airfare cost;
- if total eligible airfare is over $1,000, MTAP may prepay $1,000 plus 75% of the remaining eligible airfare cost; and
- additional eligible airfare incurred during the same year may be prepaid at 75% or 85%, depending on the total eligible airfare costs accumulated during the year.

How to apply

You must submit the In-Province Flight Pass Application with an appointment confirmation and escort support documents, if applicable, using one of the following options:

Option 1: Online application form (recommended - step-by-step)
Complete and submit the application online in one session. The application will guide you through each step.

Option 2: Fillable PDF claim form
Complete the application on your device and submit it by email to flightpassMTAP@gov.nl.ca once finished.

MTAP must receive the application at least **two business days** before the travel date. A separate application is required for each trip.

Operating rules

If approved, MTAP issues a Travel Authorization Number for the patient and, where applicable, a separate number for an approved escort. The authorization confirms whether the travel is one-way or round-trip, the expiry date and the subsidy amount. The patient uses the authorization number to book travel and pays their portion of the airfare at the time of booking. A monthly fuel surcharge may affect the final amount payable. Approved escorts must travel to and from the same airport as the patient.

Patients may change or cancel flights in accordance with the program rules and without additional charges. However, if the patient or an approved escort does not travel as booked, the patient may be responsible for the full cost of the airfare.

Flight Pass access and limits

Flight Passes are issued for approved trips. Passes may also be issued for an approved escort for the same trip.

- You may receive up to three (3) Flight Passes within a six (6) month period.
- Escort passes for the same trip do not count toward this limit.

After travel

After each trip, you must submit a claim. Your claim must include:

- The travel itinerary
- Proof that the patient attended their appointment

Claims must be submitted within 12 months of the date of travel.

- If you do not submit your claim, the Flight Pass may be treated as an overpayment.

Getting more Flight Passes

- You must submit your post-travel claim before you can receive more Flight Passes.
- If you have used three (3) passes within six (6) months, you must submit at least one claim before another pass will be approved.
- If a claim is still missing more than six (6) months after travel, your access to Flight Passes may be restricted.

14.2 Out-of-Province Partial Flight Prepayment Program

This program helps eligible patients book out-of-province commercial economy air travel for specialized insured medical services.

Coverage

MTAP may prepay 75% or more of the eligible airfare costs for the patient and any approved escort.

For the patient's first approved trip between April 1 and March 31, including any approved escort travel:

- if total eligible airfare is up to $1,000, MTAP may prepay the full eligible airfare cost;
- if total eligible airfare is over $1,000, MTAP may prepay $1,000 plus 75% of the remaining eligible airfare cost; and
- additional eligible airfare incurred during the same year may be prepaid at 75% or 85%, depending on the total eligible airfare costs accumulated during the year.

How to apply

You must submit the required out-of-province prepayment application by email to mtap@gov.nl.ca or FlightPassMTAP@gov.nl.ca with the required referral, any additional medical information needed to explain why the care must occur out of province and, if applicable, escort support documents. If the information is incomplete, the assessment may be delayed.

MTAP must receive the application at least **seven business days** before the travel date. A separate application is required for each trip.

Operating rules

All out-of-province specialized insured medical services must be considered medically necessary by the relevant medical staff. If approved, MTAP issues a Travel Authorization Number for the patient and, where applicable, a separate number for an approved escort.

The authorization confirms whether the travel is one-way or round-trip, the expiry date and the subsidy amount. The patient is also given the contact information for MTAP's travel agency partner.

The patient uses the authorization number to book travel and pays their portion of the airfare at the time of booking. Approved escorts must travel to and from the same airport as the patient.

Rescheduling, cancellation and follow-up claims

If your travel plans change, you must contact MTAP and provide the reason and your new travel dates.

- You are responsible for any extra costs related to rescheduling. These costs may be submitted with your post-travel claim for assessment.
- You cannot reschedule a flight using an expired Travel Authorization Number.

If you cancel an approved trip, you must repay any costs paid by MTAP on your behalf.

After travel

After each trip, you must submit a post-travel claim. Your claim must include:

- The travel itinerary
- Proof that the patient attended their appointment

Claims must be submitted within 12 months of the date of travel.

- If you do not submit your claim, the prepayment may be treated as an overpayment.
- You cannot receive another prepayment until your previous claim has been submitted, assessed and verified by MTAP.

15. Claim Decisions, Refunds and Repayment

After a claim is assessed, you will receive a written decision letter stating whether the claim is approved or denied. If approved, the letter will explain what eligible expenses were accepted and whether any amount is payable to you or repayable to the province. Approved payments are issued by direct deposit (see Section 6.3).

An overpayment may occur when MTAP prepays flight travel and the patient later receives funding from another source, such as private insurance, that reduces or exceeds the amount payable under MTAP. In that case, the amount must be repaid. In the event of an overpayment, you must contact the Department of Labrador Affairs at MTAP@gov.nl.ca or 1-877-475-2412 to discuss repayment options.

16. Appeals

If you disagree with the decision, you may have the option to appeal. However, there is generally no appeal where:

- the claim was submitted too late; or
- the claim was denied because the travel or service is clearly excluded under the policy.

If an appeal is available, instructions will be included in the decision letter.

17. Final Check Before You Submit Your Claim

Before submitting your claim, make sure you have included:

Form and signatures

- A completed MTAP claim form
- All required signatures

Proof of appointment

- Confirmation that the patient attended the medical appointment
- Referral documents (for out-of-province or out-of-country travel)

Receipts for expenses

- Official receipts for any costs you are claiming (such as airfare, baggage, accommodations, taxi, rental car, bus or ferry).

Additional documents (if applicable)

- A physician note for a medically required escort (if not automatically eligible)
- Proof of assessment or payment from private insurance

Payment setup

- Direct deposit set up (see Section 6.3).