

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 September 1, 2026



Contents

1.	What is MTAP?	1
2.	Quick Start (How MTAP Works)	1
3.	Key Terms (What these words mean)	3
4.	What MTAP May Help Cover (Eligible Costs)	3
5.	General Travel Conditions	4
6.	How Expenses are Paid	4
7.	Who Can Receive Help (Basic Eligibility)	4
8.	General Program Rules	5
8.1	Travel To or From a Location Other Than Home	5
8.2	Travel Timeframes	5
8.3	Changes to Medical Travel	5
8.4	Cancelled Appointments or Services After Travel	6
8.5	Payer of Last Resort	6
8.6	Out-of-Pocket Expenses	7
8.7	Claim Submission Timelines	7
8.8	Claims Requirements and Assessment	7
8.9	Annual Funding Periods	7
9.	How to Apply	7
9.1	Which Form to Use	7
9.2	How to Submit Your Claim	8
9.3	Direct Deposit	8
10.	Signature and Consent Requirements	8
11.	Documents Required with a Claim	9
11.1	Attendance Confirmation	9
11.2	Medical Referrals (When You Need One)	9
11.3	Appointment/Service Confirmation	9
11.4	Receipts and Proof of Payment	9
12.	Escort	10
13.	Eligible Expense Rules	11
13.1	Private Vehicle Mileage	11
13.2	Airfare	12
13.3	Other Eligible Expenses	13
14.	Costs Not Eligible	16
15.	Travel and Services Not Eligible	16

16.	Who Is Not Eligible.....	17
17.	Flight Prepayment Option	17
17.1	In-Province Flight Pass Program.....	17
18.	Claim Decisions, Refunds and Repayment	19
19.	Appeals	19
20.	Final Check Before You Submit Your Claim.....	19

1. What is MTAP?

The Medical Transportation Assistance Program (MTAP) offers financial assistance to help cover eligible travel expenses for patients who travel outside their area of residence to access specialized MCP-insured medical services. Assistance may also be available when a patient travels to a more distant service location within Newfoundland and Labrador to receive eligible care sooner than is available closer to home.

Eligible services may include:

- Specialist physician visits
- Treatments like chemotherapy, dialysis, and radiation
- Tests like MRI, ultrasound, mammogram, CT/PET scans, and nuclear medicine

Specialized insured services that may be eligible are listed [here](#).

About this guide

This guide provides detailed information and step-by-step guidance on how MTAP works, what costs may be covered, and how to apply.

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 the 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.

Looking for a quick overview?

The [MTAP fact sheet](#) is a summary of who can apply and what help may be available.

2. Quick Start (How MTAP Works)

Use these steps as a general guide. Detailed requirements are provided in the referenced sections.

Step 1 – Check whether the medical travel may qualify

MTAP may help when a patient travels outside their area of residence to access specialized insured medical services. See **Section 7 – Who Can Receive Help (Basic Eligibility)** and **Section 8 – General Program Rules**.

Step 2 – Plan the trip and understand how costs will be paid

Most patients pay travel costs first and submit a claim after travel is complete. Some

Labrador–Grenfell Health Zone residents may qualify for the Flight Pass Program before travel. See **Section 6 – How Expenses are Paid** and **Section 17 – Flight Prepayment Option**.

Step 3 – Have private insurance or other coverage?

Before applying to MTAP, submit eligible travel expenses to any private insurance plan or other funding source available to the patient. See **Section 8.6 – Payer of Last Resort**.

Important – private insurance

If the patient has private insurance, travel expenses must be submitted to the insurer before applying to MTAP. A copy of the insurer's decision showing what was covered and any amounts paid must be included with the claim. MTAP will not assess these expenses until the required insurance information has been received. See **Section 8.6 – Payer of Last Resort**.

Step 4 – Set up direct deposit

MTAP payments are issued by direct deposit. Complete the supplier registration process as early as possible. See **Section 9.3 – Direct Deposit**.

Important – direct deposit

MTAP payments cannot be issued until direct deposit information has been set up with the Government of Newfoundland and Labrador. To avoid payment delays, complete the supplier registration process before submitting a claim. See **Section 9.3 – Direct Deposit**.

Step 5 – Travel and keep required documents

Keep all receipts, proof of attendance, referral documents (where required), and any other supporting documentation related to the trip. See **Section 11 – Documents Required with a Claim**.

Reminder

If claiming expenses for a medically required escort, a physician or nurse practitioner note may be required. See **Section 12 – Escort**.

Step 6 – Submit the correct claim form

After travel is complete, submit the appropriate MTAP claim form with all required supporting documentation. A separate Flights and Other Travel Costs claim form is required for each trip. See **Section 9 – How to Apply**.

Step 7 – Submit the claim on time

Claims must be submitted within the required timelines. This means within 12 months of the date of the specialized insured medical service. See **Section 8.8 – Claim Submission Timelines**.

Step 8 – Receive a decision

After the claim is assessed, MTAP will issue a written decision explaining what has been approved, denied, paid, or is repayable. See **Section 18 – Claim Decisions, Refunds and Repayment**.

3. Key Terms (What these words mean)

Where the patient lives (community of residence)

The town, city, or place in Newfoundland and Labrador where the patient normally lives.

Area near where the patient lives (area of residence)

The area within 50 kilometres of where the patient lives. For patients travelling for dialysis, the area of residence is considered to be within 20 kilometres of where the patient lives.

Escort

A person approved to travel with the patient for medical reasons. For adults, the patient chooses their escort.

For children, the escort must be a parent, guardian, or someone approved by the parent or guardian.

Private accommodation

Staying overnight with family or friends without paying accommodation costs.

Purchased accommodation

Paid overnight accommodations, such as a hotel, motel, Airbnb, hostel, or other short-term rental.

Economy airfare

The airfare option covered by MTAP. For out-of-province travel, this generally includes fares airlines describe as economy, standard, or flex. For in-province travel, it generally includes fares described as economy or standard. MTAP does not cover premium economy, business class, first class, or other upgraded fare options.

Flight Pass Program

An MTAP program available to eligible Labrador–Grenfell Health Zone residents that provides approved in-province economy airfare before travel takes place. The program applies only to approved in-province medical travel.

4. What MTAP May Help Cover (Eligible Costs)

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 12.

5. General Travel Conditions

MTAP only helps pay for approved travel costs, up to program limits. To be considered for assistance, travel expenses must be reasonable and reflect an economical mode of travel appropriate to the patient's medical needs. You may be asked to provide supporting medical documentation where needed.

If you travel to a more distant service location within Newfoundland and Labrador, you may also be asked to provide documentation demonstrating that the travel was necessary to access eligible care sooner than was available at a closer service location.

6. 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 17.

7. Who Can Receive Help (Basic Eligibility)

A patient may be eligible for MTAP if they:

- have active MCP coverage at the time of travel;
- travel outside their area of residence to access specialized insured medical services;
- travel to and from their community of residence in Newfoundland and Labrador to access the medical service; and
- incur out-of-pocket travel costs related to accessing these services.

Important rules

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;
- outside the province to receive care sooner when the service is available in Newfoundland and Labrador; or
- for experimental treatments or participation in clinical trials.

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 14, 15 and 16.

8. General Program Rules

8.1 Travel To or From a Location Other Than Home

MTAP is intended to help with medical travel from the patient's community of residence in Newfoundland and Labrador to an eligible scheduled medical service.

In limited cases, MTAP may consider in-province travel that starts from, or returns to, a location other than the patient's community of residence.

This exception is not automatic. It applies only to in-province travel and must be reviewed and approved by MTAP.

If this exception is approved:

- MTAP assistance will be based on the lower eligible travel cost. This means MTAP will compare the cost of travel from the patient's community of residence with the cost of travel from the other location.
- MTAP's prepayment option may not be available. If prepayment is not available, you must submit a claim after travel is complete.

8.2 Travel Timeframes

MTAP may consider travel costs that are directly related to an eligible scheduled medical service.

Travel may be considered eligible if it:

- starts no more than five (5) days before the first eligible scheduled service; and
- ends no more than three (3) days after the last eligible scheduled service associated with the trip.

Meeting these timeframes does not automatically make travel or all expenses incurred during the trip eligible for assistance. Accommodations, meals, and other expenses are assessed separately under the applicable MTAP requirements and limits. See **Section 13 – Eligible Expense Rules** for specific requirements and limits.

Eligibility is assessed separately for each direction of travel. Assistance may be provided only for travel that occurs within the travel timeframes described above and is directly related to the eligible medical service.

Exceptions may be considered when travel occurs outside these timeframes due to circumstances beyond the patient's control or when a longer stay is medically necessary. Examples may include airline cancellations, weather-related travel disruptions, road closures, or situations where a patient must remain at the treatment location before or after treatment until travel is medically advisable. Supporting documentation may be required.

8.3 Changes to Medical Travel

If approved medical travel must be rescheduled, MTAP should be advised as soon as possible.

Additional travel costs resulting from a change in travel plans are generally the responsibility of the patient. These costs may be considered for assistance only when the change was required for medical reasons or occurred due to circumstances beyond the patient's control.

If MTAP has paid travel costs in advance and the trip is cancelled or not taken, any amounts that cannot be refunded or recovered may have to be repaid.

8.4 Cancelled Appointments or Services After Travel

If a patient travels for an eligible scheduled medical service and the service is cancelled after arrival, eligible travel expenses may still be considered for assistance.

Written confirmation of the cancellation must be provided.

Assistance may not be available when:

- travel occurred more than three (3) days before the scheduled service; and
- the appointment or service was rescheduled or cancelled by the medical provider more than three (3) days before the scheduled service date.

This does not apply when earlier travel was reasonably necessary because of limited transportation options or flight availability. In these situations, travel must be limited to the earliest reasonable option available.

8.5 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.

8.6 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.

8.7 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.

8.8 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.

8.9 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.

9. How to Apply

9.1 Which Form to Use

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

A separate Flights and Other Travel Costs claim form must be completed for each trip.

Use the:

- [In-Province Medical Transportation Claim – Flights and Other Travel Costs](#) to claim flights, hotels or other travel costs for a one in-province trip;
- [In-province Medical Transportation Claim - Private Vehicle Only](#) to claim private vehicle mileage only for one or more in-province trips; or

- [Out-of-Province Medical Transportation Claim – Flights and Other Travel Costs](#) to claim flights, hotels or other travel costs for one out-of-province trip.

9.2. How to Submit Your Claim

Submit your completed claim, supporting documentation, and receipts through the online claim form.

If you are unable to use the online claim form, fillable PDF versions are available. Completed PDF claim forms with all required supporting documentation can be submitted to: mtap@gov.nl.ca, or submitted 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

9.3 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](#)
[PDF Supplier Form](#)
[Supplier Setup Information](#)

10. Signature and Consent Requirements

When you submit an online claim form, you must confirm that the information provided is complete and accurate and that you are authorized to submit the claim.

If you are submitting a fillable PDF claim form:

- You may digitally sign the claim if:
 - you are the patient; or
 - all patients listed are 15 years of age or younger.
- If you are not the patient, or if the 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.

11. Documents Required with a Claim

11.1 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/service (including admission and discharge dates if applicable);
- the reason for the appointment/service (e.g., MRI, colonoscopy, etc.); and
- the signature of the specialist or delegated authority.

11.2 Medical Referrals (When You Need One)

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 is required. Additional supporting documentation or a referral from a Canadian specialist physician outside Newfoundland and Labrador may also be required. Prior approval from MCP for out-of-country treatment is mandatory.

For admissions to out-of-province inpatient mental health or addiction treatment programs, approval from the Director of Mental Health and Addictions (or delegate) is required before travel. This approval is not required for in-province admissions.

11.3 Appointment/Service Confirmation

You do not have to include the patient's appointment/service 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/service confirmation must include:

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

11.4 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., service 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.

12. 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 rules and additional guidance

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.

Detailed eligibility criteria, documentation requirements and operational rules are outlined [here](#).

13. Eligible Expense Rules

13.1 Private Vehicle Mileage

Private vehicle mileage assistance may be available when a patient is travelling by private vehicle outside their area of residence to access eligible medical services.

Who may be eligible

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

- The specialized insured medical service is more than 50 kilometres (one way) from the patient's community of residence.
 - For patients travelling for dialysis, the required medical service is more than 20 kilometres (one way) from the patient's community of residence.
- The patient incurs 500 kilometres or more of eligible private vehicle travel during the program year (April 1 to March 31).

When mileage assistance becomes payable

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

Once the threshold is reached, all eligible kilometres are reimbursed at the applicable mileage rate, including the first 500 kilometres.

Mileage rate

Mileage is reimbursed at \$0.35 per kilometre for all eligible travel.

What travel is covered

Eligible kilometres must:

- be directly related to approved medical services 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 service.

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 services:

- 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).

13.2 Airfare

Economy airfare assistance may be available when a patient is travelling outside their area of residence to access eligible medical services.

MTAP reimburses 100% of eligible airfare costs, including approved escort airfare where applicable, up to the applicable limits outlined below.

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

Air travel must be directly related to an eligible scheduled medical service or treatment and meet all MTAP eligibility requirements.

Any costs above the applicable limits or costs that are not eligible under MTAP remain the responsibility of the claimant.

13.2.1 In-Province Airfare

Labrador–Grenfell Health Zone Residents

Eligible in-province airfare is provided through MTAP's **Flight Pass Program**, which allows approved airfare costs to be covered before travel occurs.

The Flight Pass Program:

- is available only to Labrador–Grenfell Health Zone residents;
- applies only to approved in-province medical travel; and
- may also provide airfare for an approved escort, where applicable.

If you choose to purchase airfare instead of using the Flight Pass Program, assistance is limited to the applicable Flight Pass Program rate. Any amount paid above that rate is your responsibility.

Other Newfoundland Residents

For eligible in-province travel:

- airfare assistance is limited to \$850 per person for a round trip.

You must pay airfare costs up front and submit a claim after travel is complete.

Supporting medical documentation may be required to substantiate the need for air travel.

13.2.2 Out-of-Province Airfare

Labrador–Grenfell Health Zone Residents

For eligible out-of-province travel, airfare assistance is limited to:

- \$1,800 per person for a round trip to destinations as far as Ontario; or
- \$2,000 per person for a round trip to destinations west of Ontario or outside Canada.

You must pay airfare costs up front and submit a claim after travel is complete.

Other Newfoundland Residents

For eligible out-of-province travel, airfare assistance is limited to:

- \$1,200 per person for a round trip to destinations as far as Ontario; or
- \$1,500 per person for a round trip to destinations west of Ontario or outside Canada.

You must pay airfare costs up front and submit a claim after travel is complete.

13.3 Other Eligible Expenses

In addition to private vehicle mileage and airfare, MTAP may help cover other eligible travel-related expenses, including accommodations, meal allowances, taxis, car rentals, and scheduled transportation services.

MTAP reimburses 100% of eligible expenses, up to the applicable limits for each expense type outlined below. Any costs above these limits or costs that are not eligible under MTAP remain the responsibility of the claimant.

13.3.1 Accommodations

A patient may be eligible for accommodation assistance if the service 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:** \$130 per day, to a maximum of \$2,600 in a 30-day period
- **Out-of-province:** \$175 per day, to a maximum of \$3,300 in a 30-day period

Private accommodation (staying with family or friends):

- \$50 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.

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 service may be eligible for up to two nights (the night before and the night of the service), with return travel the following day.

Exceptions to the 200 Kilometre Requirement

In limited circumstances, accommodation assistance may be considered even when travel is less than 200 kilometres (one way).

Ferry travel

Accommodation may be considered when ferry schedules or travel disruptions make it impractical to travel to or from an eligible scheduled medical service on the same day. Eligibility is assessed on a case-by-case basis and is not automatic.

Extended treatment

Patients travelling between 50 and 200 kilometres (one way) for extended treatment may be eligible for accommodation assistance when staying near the treatment location is more economical than travelling back and forth each day.

For this purpose, extended treatment means six (6) or more eligible scheduled medical services within a ten (10) business day period.

If accommodation is approved under this exception:

- eligibility is based on the lower cost option when compared with daily travel;
- meal expenses associated with overnight stays are not eligible; and
- escort-related accommodation and meal expenses are not eligible.

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.

13.3.2 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 13.3.1). Meal allowances are not available for the patient while they are admitted to a hospital as an inpatient or for children under one (1) year of age.

13.3.3 Taxis

Taxis and related local transportation services, 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 services 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 services.

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 rules

- 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 services at different locations on the same day.

13.3.4 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. Refer to section 13.5.

13.3.5 Scheduled Transportation Services

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

14. Costs Not Eligible

Only expenses identified as eligible in Section 4 may qualify for assistance.

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 service or another medically supported reason, with appropriate documentation

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

15. Travel and Services Not Eligible

MTAP does not provide assistance for the following types of travel or medical services:

- Second medical opinions
- Travelling outside the province to receive care sooner when the service is available in Newfoundland and Labrador
- Travelling outside the province for a service when the same service, or a suitable alternative, is available in Newfoundland and Labrador
- Travelling outside Canada for a service when the same service, or a suitable alternative, is available in Canada
- Experimental treatments or participation in clinical trials
- 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
- Outpatient mental health or addiction treatment services

16. 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 benefits 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

17. Flight Prepayment Option

MTAP offers a Flight Pass Program for eligible Labrador–Grenfell Health Zone residents travelling within Newfoundland and Labrador for approved medical services.

17.1 In-Province Flight Pass Program

How to Apply

Submit the Flight Pass application using the online application [form](#). The online form provides step-by-step guidance and allows applications to be submitted directly to MTAP. A Flight Pass Application [User Guide](#) is also available to assist with completing the application.

If the online form cannot be used, a fillable PDF application is available. Completed PDF applications must be emailed to flightpassMTAP@gov.nl.ca.

Application must include:

- Appointment/service confirmation; and
- escort supporting documentation, if applicable.

A separate application is required for each trip.

MTAP must receive the application at least two (2) business days before the travel date.

If Approved

If approved, MTAP will issue a Travel Authorization Number for the patient and, where applicable, a separate authorization number for an approved escort.

The authorization confirms:

- whether the trip is one-way or round-trip; and
- the expiry date.

The Travel Authorization Number must be provided when booking travel.

Approved escorts must travel to and from the same airport as the patient.

Flight Pass Limits

- A patient may receive up to three (3) Flight Passes for separate trips within any six (6) month period.
- Flight Passes approved for an escort travelling on the same trip do not count toward this limit.
- Additional Flight Passes will not be approved until required post-travel claims have been submitted.

Changes and Cancellations

Flights may be changed or cancelled in accordance with program requirements.

If the patient or approved escort does not travel as booked, the patient may be responsible for the cost of the airfare.

After Travel

After each trip, you must submit a post-travel claim and provide:

- proof that the patient attended the medical service;
- the travel itinerary; and
- any other required supporting documentation.

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.

18. 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.

19. Appeals

If you disagree with the decision, you may have the option to appeal. However, there is 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.

20. Final Check Before You Submit Your Claim

Before submitting your claim, make sure:

- ☐ Private insurance has been used first, if applicable, and the insurer's decision is included.
- ☐ Direct deposit has been set up.
- ☐ The correct claim form has been completed.
- ☐ Proof that the patient attended the medical service is included.
- ☐ All required receipts and supporting documents are included.
- ☐ Any required referral or escort documentation is included.
- ☐ The claim is being submitted within the required time limit.