

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

Before completing your MTAP Out-of-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 Out-of-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 out-of-province trip.

If you are claiming for in-province travel, please use the "[MTAP In-Province Medical Transportation Claim - Flights and Other Travel Costs](#)"

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

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

How the Claim Works

The MTAP Out-of-Province Medical Transportation Claim - Flights and Other Travel Costs consists of eight (8) steps (Picture 1). At the top of the page, you can see your current step and track your progress through the claim.

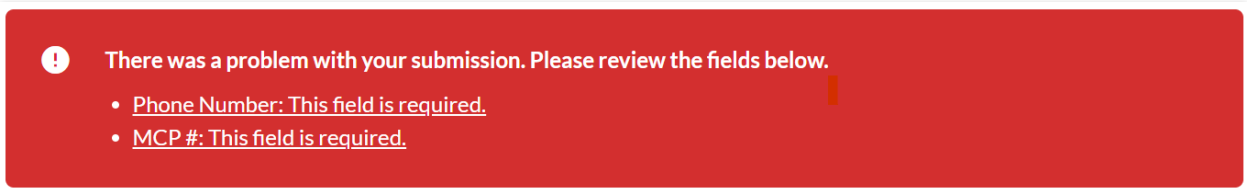
Picture 1



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

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

Picture 2



What You Need

- Your 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)
- NL Physician Specialist Referral Letter (see Section 4)
- Travel itinerary documentation (e.g., flight itineraries)
- Confirmation of attendance for each appointment
- Private insurance provider's explanation of benefits (payout details) for travel, 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 7 of the claim. Refer to Section 6 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.

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)*

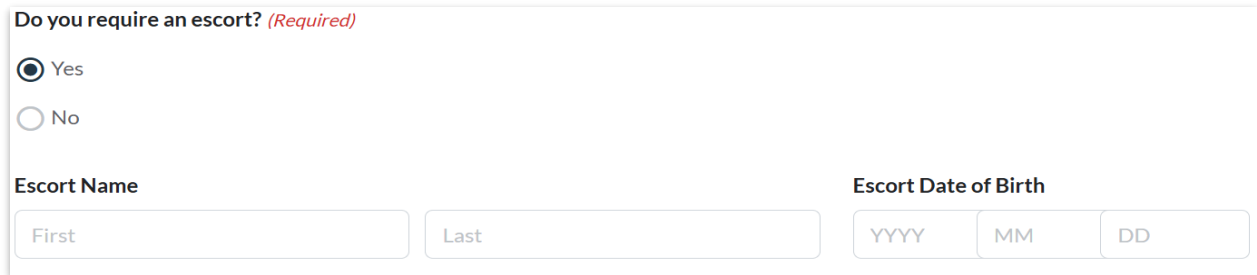
☐ Yes

☐ 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: Referring Specialist Physician

All out-of-province travel must be supported by a referral from a Newfoundland and Labrador physician specialist.

This section (Picture 7) asks for information about the **NL Referring Physician Specialist** who referred the patient for out-of-province care. Upload a copy of the referral letter and/or other supporting documentation in Step 7. Refer to Section 6 of this guide for additional information.

Picture 7



NL Referring Physician Information *(Required)* Phone Number

First Name Last Name

If known, enter the address of the physician specialist's office or the location where the patient was seen under the clinic address.

Under **Name of Physician/Hospital to Whom This Patient Was Referred** (Picture 8), enter the name of the physician, specialist, or healthcare facility that provided the out-of-province service.

Under **Physician/Hospital of Where Patient Was Referred**, enter the address of the physician's office or healthcare facility, if known. If there were multiple appointments, enter the primary physician or facility associated with the trip.

Picture 8



Name of Physician/Hospital to Whom This Patient Was Referred *(Required)*

Physician / Hospital Address of Where Patient Was Referred

Street Address

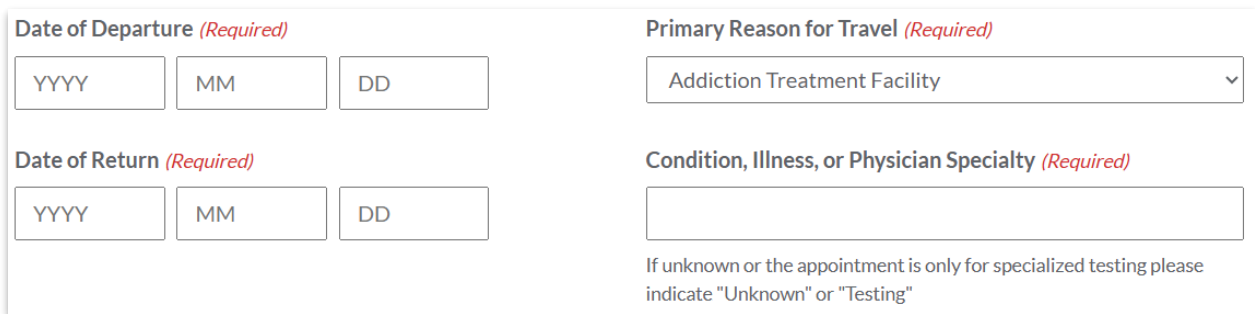
Section 5: Details of Medical Travel

This section collects travel, appointment, and expense details. The **Date of Departure and Return** (Picture 9) 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 9



Date of Departure *(Required)*

YYYY MM DD

Primary Reason for Travel *(Required)*

Addiction Treatment Facility

Date of Return *(Required)*

YYYY MM DD

Condition, Illness, or Physician Specialty *(Required)*

If unknown or the appointment is only for specialized testing please indicate "Unknown" or "Testing"

Under the Appointment Details (Picture 10), the **Appointment Location** may include the name of the facility (e.g., Princess Margaret Cancer 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 10

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 11), 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 7. Refer to Section 6 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 11

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

If you are claiming private vehicle mileage (Picture 12), 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., IWK Health Centre) or the city or town where the appointment is located (e.g., Halifax).

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 distances out-of-province, refer to [Google Maps](#).

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 Grand Falls-Windsor to Halifax on May 5 and returned on May 10, you would enter: "Grand Falls-Windsor" as the starting location, "Halifax" as the ending location, "May 5 / May 10" for dates of travel, "Y" for round trip and "2,310" as the kilometres driven.

Picture 12

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)
				

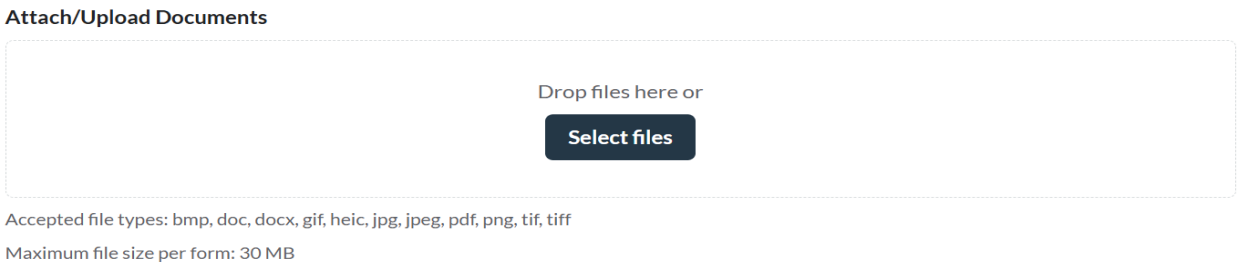
To add additional mileage for the trip, click the **plus (+) symbol** to the right of the Private Vehicle Mileage area.

Section 6: Supporting Documentation

This section (Picture 13) 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 13



The screenshot shows a section titled "Attach/Upload Documents". It features a large dashed rectangular box for dropping files. Below the box, it says "Drop files here or" followed by a dark blue button labeled "Select files". At the bottom of the section, it lists "Accepted file types: bmp, doc, docx, gif, heic, jpg, jpeg, pdf, png, tif, tiff" and "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.

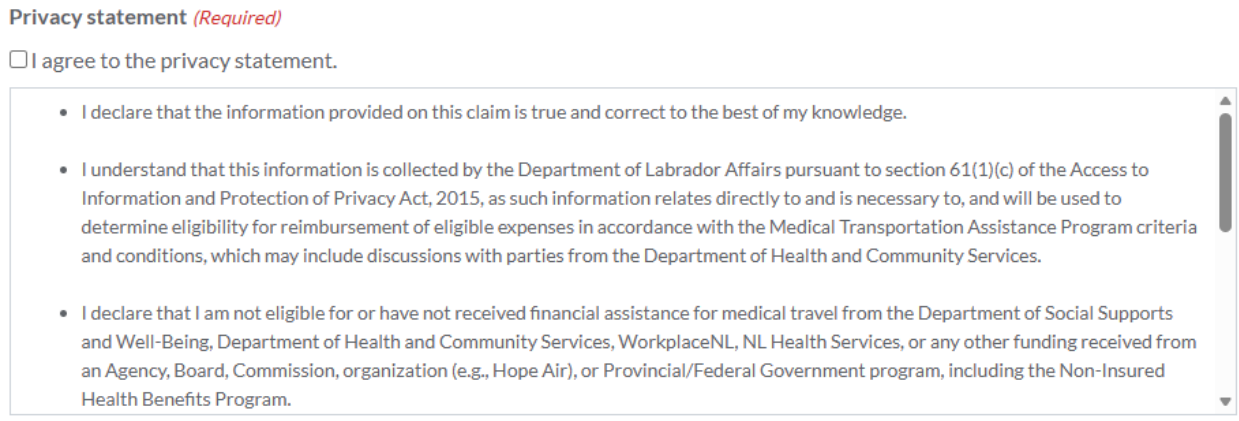
Section 7: Declaration and Submission

This section (Picture 14) contains the privacy rules and terms you need to follow for the MTAP Out-of-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 14



The screenshot shows a section titled "Privacy statement (Required)". It starts with a checkbox and the text "I agree to the privacy statement." Below this is a scrollable area containing three bullet points:

- 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.