

EHB – MEDICAL TRAVEL SUPPORT

Application/Claim Form Exhausted or no third party coverage

A. Applicant

Surname _____	Given Name(s) _____
Birthdate (d/m/y) _____	HCP # (Health Care Number) _____
Mailing Address _____	
Home Phone _____	e-mail Address _____

B. Medical Insurance

	Applicant	Spouse / Common-Law
Do you have an insurance plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, name of insurance plan.		
Employer Name		

C. Travel Information

Travel Dates: _____	Destination: _____
Appointment Date(s): _____	

D. Record of Appointments – to be signed by physician, nurse or designate

DATE	SIGNATURE

E. EXPENSE CLAIM

	TOTAL
Accommodations	
Meals	
Taxis	
Co-payment	

F. Applicant's Declaration

I hereby certify that the information given is true, correct and complete to the best of my knowledge.	
Signature: _____ <small>(Applicant, Parent, or Guardian)</small>	Date _____

G. Employer/s Benefits Statement if applicable

Please attach a letter from your employer or employers (if working more than one job) which confirms

a) you did not *opt out* of any group medical insurance plan that offered medical travel benefits OR

b) confirmation that medical travel (meals, accommodations, airfare co-payment) is not a benefit that is offered OR

c) your medical travel benefits are now exhausted
(please provide date when benefits stopped).



A. ACCOMMODATIONS

A client or claimant may seek reimbursement for accommodations based on the following rates:

Commercial:

Northern referral locations – Nunavut, NWT and Churchill, MB

Short Term stays

Full cost of commercial accommodations (standard room) supported with receipts

Southern referral locations

Up to \$125.00 per night supported with receipts

Please note: Client and Escort are expected to share a room

Long Term stays

See Long Term Stays box C

Private Billet:

Northern or Southern referral locations

\$50 per night inclusive of both (client and approved escort if applicable)

Please note: Use EHB Billet form when claiming for Private billets

Private billet reimbursements are not available if you are staying in your own home at place of medical service.

B. MEALS

Commercial:

Northern or Southern referral locations:

Client - \$50.00 per day client (not applicable if client is an in-patient or a breastfeeding infant).

Escort - \$50.00 per day, for Dept. of Health approved escort.

Private Billet:

Northern Location:

Patient - \$50 for patient (not applicable if client is an in-patient or a breastfeeding infant).

Escort - \$50 for Dept. of health approved escort

Southern location: No meal allocation

Please note: No receipts required for private billet claims

C. LONGTERM STAY CLAIMS

\$60.00 per day accommodations (inclusive of client and escort)

\$20.00 per day meals – client (not applicable if client is an inpatient or a breastfeeding infant)

\$20.00 per day – for Dept. of Health approved escort

For stays that are anticipated to be over 90 days in length. Confirmation is required by the NU case manager. Please contact the EHB division for further clarification.

Please Note: No receipts required

D. TAXI

To and from medical appointments – supported by receipts indicating pick up and drop off locations

To and from destination airport and place of accommodations – supported by receipts

Taxis to and from residence to departure airport only in Whale Cove, Coral Harbor, Arctic Bay and Resolute Bay – supported by receipts

Please note: Vehicle rental cost not claimable

E. Co-Payment

\$250.00 return airfare deductible on approved medical travel. Please provide your receipt of payment.

Please mail application and all applicable receipts to the following address

**Health Insurance Programs
Box 889
Rankin Inlet, NU
X0C 0G0**