

SECTION 2 Accompanying person (if applicable)

Last Name: _____ First Name: _____
Address: _____ Telephone: _____
Civic No. Street Home

City Province Postal Code Work

SECTION 3 Bas-Saint-Laurent physician who prescribed the trip (or attach a copy of the doctor's prescription)

Reason for referral (specialty): _____
Doctor's name (print): _____ Licence No.: _____
Is this the closest institution offering the service? Yes No
If not, specify why: _____
Do you have to be accompanied by a family member or an attendant? If so, physician's initials: _____
Signature of Bas-Saint-Laurent physician or authorized person: _____ Date: _____

SECTION 4 Institution that will be providing the required services

(estampe) _____
Institution Name: _____
Address: _____
Civic No. Street

City Province Postal Code
Name of out-of-region physician: _____
Licence No.: _____ Specialty: _____
Treatment received: _____

Appointment date: ____/____/____ Is this a follow-up? Yes No
Year Month day
Accompanying person requested by physician: Yes No Service covered by the RAMQ: Yes No
Date of hospitalization: From: ____/____/____ To: ____/____/____
Year Month day Year Month day
Signature of out-of-region physician or authorized person: _____ Date: _____

SECTION 5 CISSS du Bas-Saint-Laurent (section reserved for Accounting Department)

Reception date: _____ This claim is: Accepted Refused
Amount: _____ Quantity: _____ Budget code: _____
Description: _____
Reason for refusal (if applicable): _____
Signature of accountant: _____ Date: _____

Do you have to travel **200 kilometres or more** to receive health care and services?

You may be eligible for financial assistance...



Financial Assistance Program for users

This program is for users in the Bas-Saint-Laurent region who must travel 200 kilometres or more (one way) from their home or local health centre to receive health care and services not available in their region or not available within the medically required timeframe.

This financial assistance program is based on CISSS du Bas-Saint-Laurent's User Travel Policy. You can find this policy at ciss-bsl.gouv.qc.ca/remboursement.

Eligibility criteria

To be eligible, the user must:

- Be a resident of Québec
- Have received a medical prescription from their physician for health and social services not available in the Bas-Saint-Laurent region and covered by the Régie de l'assurance maladie du Québec (RAMQ)
- Travel to the nearest health and social services institution located at least 200 km¹ (one way) from their home or from the institution in the Bas-Saint-Laurent region where they usually receive care and services
- Not have received financial assistance from another program

A person may be authorized to accompany the user at the physician's request. **The physician must indicate this on the medical prescription** unless the user is under 18 years of age. In that case, proof of the accompanying person's presence may be required (e.g., an invoice).

¹Based on road distances set by the Ministère des Transports et de la Mobilité durable.

Reimbursement of expenses

The amounts are indexed to April 1st, 2024. They're automatically indexed to the consumer price index each year.

Travel expenses

The institution will reimburse the user the lower of the following amounts:

- Vehicle expenses as per the *User Financial Allowance Table* available at ciss-bstl.gouv.qc.ca/remboursement (equal to \$0.22 per kilometre minus a 200 km deductible)
- Public transportation costs

Meal and accommodation expenses

- The institution pays the user an amount to offset part of the meal and accommodation expenses incurred during the trip (round trip). This amount is preset based on distance travelled (see User Financial Allowance Table at ciss-bstl.gouv.qc.ca/remboursement). **Since November 1st, 2023, all claims submitted require proof of accommodation.**
- Please note that the amounts stated are per day of travel for appointments.
- The user is also entitled to a financial allowance to offset part of the accompanying person's expenses when an accompanying person is required according to the eligibility criteria. This allowance is equal to \$51.27 of expenses incurred by the accompanying person for each \$119.73 of meal and accommodation expenses incurred by the user.

Special financial allowances apply for users who must travel to receive **oncology** services, who are awaiting a **transplant** or who need **post-transplant** care. For information on eligible travel expenses, please contact us (see contact details below).

Please contact us for any questions or additional information.

Email: aidefinanciere200km.cissbsl@ssss.gouv.qc.ca

Telephone: 1 866 724-5231 (choose "Aide financière pour les déplacements de 200 km et plus" meaning "Financial assistance for trips of 200 km or more")

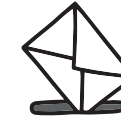
Claim form available at ciss-bstl.gouv.qc.ca/remboursement



Please ensure that **SECTIONS 1, 2** (if applicable), **3** and **4** of this form are completed, and that supporting documents are attached to this form. Keep your original receipts for your annual tax return. Those you submit with your claim won't be sent back to you. Incomplete forms will be returned to you.

Please submit this form **within 90 days of your trip to the following address:**

CISSS du Bas-Saint-Laurent
Service de la comptabilité
800, avenue du Sanatorium
Mont-Joli (Québec) G5H 3L6



SECTION 1 User (please complete all fields)

Last Name: _____ First Name: _____

Address: _____ Telephone: _____
Civic No. Street Home

City Province Postal Code Work

Date of Birth: ____ / ____ / ____ Health Insurance No.: _____
Year Month Day

Email: _____

Mode of transportation: Initial trip: _____ Return trip: _____

Travel dates: Departure date: _____ Return date: _____

Have you already submitted a claim under this program? Yes No

Do you receive financial assistance from:

- Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) Yes No
- Ministère du Travail, de l'Emploi et de la Solidarité sociale (social assistance) Yes No
- Travel Expense Program for people with disabilities (refer to your CLSC) Yes No
- Société de l'assurance automobile du Québec (SAAQ) Yes No
- Other: _____ Yes No

Do you authorize us to check with the appropriate organizations to identify the paying agent? Yes No

If this is your first claim, please attach to this form a photocopy of your medical prescription from the Bas-Saint-Laurent physician (or have them complete SECTION 3 of this form) and a void cheque.

User's signature: _____ Date: _____