This financial assistance program aims to support patients in Gaspésie-Îles-de-la-Madeleine who, at their physician's request, must travel long distances to receive care and services not available locally. Payment is granted as an allowance to help alleviate the costs associated with travel and accommodation expenses.

ELIGIBILITY

- Must be Quebec residents living in the Gaspésie-Îles-de-la-Madeleine region;
- Must have a prescription from their physician for care and services covered by the Régie de l'assurance maladie du Québec (RAMQ);
- Must travel to the nearest network institution[1], located 200 km or more[2] from their residence or the establishment where they usually receive basic care and services;
- The physician must indicate on the claim form whether a personal attendant/companion is required, unless the patient is under 18 years or suffering from a severe disability.

EXCLUSIONS

- Accommodation and travel expenses eligible for reimbursement by another financial assistance program (1st paying agency) will not be reimbursed to the patient;
- The patient must assume all costs related to the travel if they elect to be referred to an institution other than the one nearest where the service is offered, for personal reasons or at the physician's recommendation.

FINANCIAL ASSISTANCE GRANTED

Travel expenses

- Allowance of $0.13 per kilometre[3] for a round trip between the patient's place of residence and the establishment that will provide the required services, minus a 200 kilometre (or 100 kilometre for one way only) deduction when a car is used for travel;

OR

- Cost of the cheapest round-trip ticket by public transport (plane, train or bus) from the patient's place of residence to the institution that will provide the required services (supporting documentation required). If the physician has prescribed a family companion or personal care attendant, their public transport costs will also be reimbursed (supporting documents required).

Accommodation and living expenses

- A lump sum of $75 per night is allocated to the recipient for meals and accommodation. If the physician has prescribed a family companion or personal care attendant, an additional lump sum of $20/night will be granted for meals;
- The number of nights is calculated based on the destination region for a maximum of two nights:
  - Gaspésie and Bas-St-Laurent: one night
  - Other regions: two nights

SPECIAL CONDITIONS

Certain special conditions may apply for a recipient who:

- resides West of the Avignon MRC and must travel for a follow-up visit at an institution in New Brunswick
- must receive radiation oncology services or other cancer-related treatment, or while waiting for a transplant or post-transplant
- travels to an institution, other than the nearest one offering the service, for a speciality which has longer waiting times than the expected waiting times.

The recipient should, in any of these cases, contact the health institution that they normally visit to check the special arrangements.

CLAIMS PROCEDURE

Recipients must submit the duly completed claim form signed by the relevant persons and the required supporting documents within 90 days following travel (originals required). These must be forwarded to the health institution located in the area where the recipient is residing. (Incomplete forms or forms containing inaccurate information may be rejected.)

Note : For any clarification or additional information about this program, view the Travel Policy for Gaspésie-Îles-de-la-Madeleine clients on the Agency website at the following address: www.agencesssgim.ca/deplacementdesusagers

[1] A special condition applies to residents west of the Avignon MRC
[2] The 200 km rule does not apply to Îles-de-la-Madeleine residents
[3] Based on the distance prescribed by the Ministère des Transports du Québec

WHO TO CONTACT: FINANCIAL RESOURCES DEPARTMENT

Côte-de-Gaspé
215, boulevard de York Ouest
Gaspé (Quebec) G4X 2W2
Tel.: 418-368-3301, ext. 3276
Fax: 418-368-7150

Rocher-Percé
451, rue Mgr Ross Est
PO Box 3300
Chandler (Quebec) G0C 1K0
Tel.: 418-689-2261, ext. 2157
Fax: 418-689-4104

Haute-Gaspésie
50, rue du Belvédère
Ste-Anne-des-Monts (Quebec) G4V 1X4
Tel.: 418-763-2261, ext. 2030
Fax: 418-763-1670

Baie-des-Chaleurs
419, boulevard Perron
Maria (Quebec) G0C 1Y0
Tel.: 418-759-3443
For clients residing between Escuminac and St-François, ext. 1603
For clients residing between Nouvelle and St-Siméon, ext. 2306
For clients residing between Bonaventure and Shigawake, ext. 1073
Fax: 418-759-5063

REGIONAL FINANCIAL ASSISTANCE PROGRAM

FOR TRAVEL BY CLIENTS

(200 kilometres or more)

Du **CENTRE INTÉGRÉ DE SANTÉ** et de **SERVICES SOCIAUX** de la Gaspésie

Agence de la santé et des services sociaux de la Gaspésie – Îles-de-la-Madeleine
Québec

CLAIM FORM

(Financial Assistance Program for travel of 200 km or more)

Instructions

- Please ensure that all sections in this form are properly completed and the required supporting documents are attached.
- Please submit your claim to the institution in the municipality where you reside, within 90 days following travel.

SECTION 1: TO BE COMPLETED BY THE CLIENT

Family name: _____

First name: _____

Adress: _____
N° *Street*

_____
Town/City *Province* *Postal Code*

Telephone : 418 _____

Date of birth: _____

Health Insurance #: _____

Payment on behalf of: _____
(Only if the user is under 18 or suffers from severe disabilities)

Are you receiving benefits from or are you eligible for one of the following programs (1st paying agent):

Commission de la santé et de la sécurité au travail (CSST)	yes	☐	no	☐
Ministère de l'Emploi et de la Solidarité sociale (social assistance)	yes	☐	no	☐
Société de l'assurance-automobile du Québec (SAAQ)	yes	☐	no	☐
Transportation-accommodation for people with a disability (GÎM Health and Social Services Agency)	yes	☐	no	☐

Other: _____

Do you authorize us to verify this information with the above agencies? yes ☐ no ☐

Transport used: _____
(If public transport was used, attach original tickets)

_____ _____
Signature of patient *Date*
(or the person responsible if the patient is a minor or disabled)

SECTION 2: TO BE COMPLETED BY THE PHYSICIAN WHO PRESCRIBED THE TRAVEL

(Or attach a copy of the prescription from your physician)

Reason for referral (specialty): _____

Name of receiving physician: _____

Receiving institution and town/city: _____

Is this the nearest institution offering the service? yes ☐ no ☐

If no, specify the reason: _____

If due to a waiting period, please indicate the number of months waiting time _____
(Subject to validation by the institution)

Is a family companion or personal care attendant required? yes ☐ no ☐

_____ _____
Name of attending physician or autorized representative *Signature of attending physician or autorized representative*

_____
Date

SECTION 3: TO BE COMPLETED BY THE INSTITUTION RECEIVING THE PATIENT

Name of receiving physician: _____

Speciality: _____

Receiving institution and town/city: _____

Care paid by RAMQ? yes ☐ no ☐

First consultation ☐ or follow-up visit ☐

If a follow-up visit, is a family companion or personal care attendant required? yes ☐ no ☐

Summary of care or services received: _____

_____

Date(s) of stay: _____

Date of consultation appointment: _____

If the stay is extended, date of last appointment: _____
(Example reasons: on-site tests ordered, treatments and/or additional consultations)

Date of hospitalization, if applicable: from _____ to _____

Date of next follow-up appointment(s), if applicable: _____

_____ _____
Receiving physician's name *Physician's signature or authorized representative*

_____
Date

SECTION 4 : SPACE RESERVED FOR USE BY THE INSTITUTION'S FINANCIAL RESOURCES OFFICE

This request is: Accepted ☐ Rejected ☐

Reasons for rejection: _____

_____

Financial assistance granted

Mileage or public transportation: $_____

Night(s) or accommodation/patient: $ _____

Night(s) or accommodation/ care attendant or companion: $_____

Total: $_____

_____ _____
Signature of authorized person *Date*