

Information you need to include with your completed reimbursement form can be found on the back of this form. All requests for reimbursement of eligible benefits must be made **within 30 days after travel**. **Please keep copies of all documents submitted.**

Part 1: Reimbursement recipients If patient and escort require separate reimbursement payments, please submit separate forms

This reimbursement relates to expenses for

Patient who received medical services Escort Patient and escort expenses combined

Part 1: Patient Information (Patient traveling for medical services)

Name		Birth date yyyy-mm-dd	NCC membership #
Address		Phone number	
Community	Province	Postal Code	Date of appointment

Part 2: Person to whom payment should be made

Provide name and address of the person (Patient, parent, guardian, other escort) to whom payment should be made if different from the above.

Name		Birth date yyyy-mm-dd
Address		
Community	Province	Postal Code
Relationship to Patient <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Other:		Phone number
		Cell phone number

Part 3: Details of Claim

Instructions on what information is needed to be included with the completed reimbursement form are listed on the back. Capture all receipts by item and provide total amount. If more space is required, please add an additional sheet.

Item (add notes if necessary) and details	Cost
Flights	
Private vehicle use (attach private vehicle use kilometer log) <i>Total # km:</i>	
Accommodation	
Meals- meal receipts are not required. Days spent at private accommodation to not include breakfast. <i>Cost breakdown: Breakfast = \$15 # _____ Lunch = \$15 # _____, Dinner/supper = \$25 # _____</i>	
Other	
TOTAL AMOUNT CLAIMED →	\$

Were private accommodations used? Yes No If yes, please fill out private accommodations claim form and attach.

Part 4: Authorization and Signature (Mandatory) Unsigned forms will be returned to the Patient for signature. All claims must have patient's NCC #.

I authorize the release of any records that are relevant to the processing and payment of all claims held by the service provider to NCC ikajuKatigek MTP, its agents or or any appropriate health professional licensing or regulatory body for the purpose of administrative audit. I declare the information to be true and accurate and does not contain a claim for any benefit or service previously paid for by NCC MTP or by any other plan(s)/program that is noted in the statement or explanation of benefits.

Signature of patient, parent, guardian, or person having a legally recognized authority	Date yyyy-mm-dd
Print name:	For office use only: ID#:

Instructions for ikajuKatigek Medical Transportation Program Reimbursement Form

What expenses can be claimed?

Full members of NCC who need to travel in order to access specialized insured medical services not available in their immediate area of residence maybe eligible to apply for financial assistance under NCC MTP. The following expenses are eligible:

- Airfare (and related eligible taxi fares);
- Private vehicle usage (up to an amount incurred by either a commercial airfare ticket or schedevac voucher);
- Living expenses (such as registered and/or private accommodations and related meal allowance);
- Bussing and use of ferries based on program criteria (deductibles may apply);
- Emergency transportation (such as ambulance by air or ground).

Full members of NCC who have their travel pre-approved during this timeframe, but have not yet submitted a claim, will have 30 days after travel to submit receipts for payment. Beyond this 30-day period, the approved claim may be considered void as funding for the NCC MTP may no longer be available.

Please note:

- Have you signed your approval and reimbursement forms?
- Did the doctor sign the escort referral form?
- Are all receipts included (accommodations, taxis, flight vouchers, ferry, etc.)?
- Have you completed the private vehicle use log?
- Have you included a copy of a void cheque or pre-authorized debit form?
- Have you included the appointment confirmation?
- Have you included the information for private accommodations?

What are the rates for eligible expenses?

Travel and associated expenses will be paid at a maximum rate as follows:

- **Airfare:** economy ticket (official ticket receipt, itinerary and boarding passes required)
 - **Schedevac:** proof of voucher required
 - **Registered hotel and/or hostel:** up to a maximum of \$150.00 per night
 - **Private accommodation:** \$50.00 per night (excludes breakfast meal rate as noted below)
 - **Private vehicle usage:** \$0.30 per kilometer
 - **Meal rates:**
 - Breakfast: \$15.00
 - Lunch: \$15.00
 - Dinner: \$25.00
- NOTE:** Children under the age of 6 months old are not entitled to meal per diems.
- **Baggage claim:** receipt required