

The 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 health 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 a Quebec resident living in the Gaspésie–Îles-de-la-Madeleine region;
- Must have a prescription from their physician for health care and services covered by the Régie de l'assurance maladie du Québec (RAMQ);
- Must be travelling to the nearest network institution<sup>1</sup>, located 200 km or more 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 old or suffering from a severe disability.

### EXCLUSIONS

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

### FINANCIAL ASSISTANCE GRANTED

Travel expenses

- Allowance of \$0.20 per kilometer<sup>2</sup> for a round trip between the user's place of residence and the establishment that will provide the required services, minus a deduction of 200 kilometers (or 100 kilometers for one way only) when a car is used for travel;

OR

- Cost of the most economical rate round trip ticket by public transport (plane, train or bus) from the user'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, the public transport costs will also be reimbursed (supporting documents required).

Accommodation and living expenses

- A lump sum of \$108 per night is allocated to the user for meals and accommodation. If the physician has prescribed a family companion or personal care attendant, an additional lump sum of \$46.25/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
  - Others regions: two nights

### SPECIAL CONDITIONS

Special conditions may apply for a user 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;
- lives on the territory between Sainte-Anne-des-Monts and Grande-Vallée, exclusively.

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

### CLAIM PROCEDURE

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

**Note:** For any questions or additional information about this program, view the Travel Policy for Gaspésie–Îles-de-la-Madeleine user on the CISSS de la Gaspésie website at the following address:

<https://www.cisss-gaspesie.gouv.qc.ca/soins-et-services/aide-financiere-pour-le-deplacement-des-usagers.html>

<sup>1</sup> A special condition applies to residents west of the Avignon MRC

<sup>2</sup> 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 (Québec) G4X 2W2  
Tel.: 418 368-3301, ext. 3124  
Fax: 418 368-7116

#### Rocher-Percé

451, rue Mgr Ross Est  
Chandler (Québec) G0C 1K0  
Tel.: 418 689-2261, ext. 2141  
Fax: 418 689-4104

#### Haute-Gaspésie

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

#### Baie-des-Chaleurs

419, boulevard Perron  
Maria (Québec) G0C 1Y0  
Tel.: 418 759-3443

For residents between Escuminac and St-François, ext. 1603  
For residents between Nouvelle and St-Siméon, ext. 2464  
For residents between Bonaventure and Shigawake, ext. 1073  
Fax: 418 759-5063

## REGIONAL FINANCIAL ASSISTANCE PROGRAM



FOR TRAVEL BY USER

(200 kilometers or more)

Centre intégré  
de santé  
et de services sociaux  
de la Gaspésie

Québec



## CLAIM FORM

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

### Instructions

- Please make sure that all sections of 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 USER

Family name: \_\_\_\_\_

First name: \_\_\_\_\_

Address: \_\_\_\_\_  
No \_\_\_\_\_ Street \_\_\_\_\_

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of birth: \_\_\_\_\_

Phone number: 418 \_\_\_\_\_

Health Insurance #: \_\_\_\_\_

Payment on behalf of: \_\_\_\_\_  
*(Only if the user is under 18 or suffers from severe disability)*

Do you want to join direct deposit payment? Yes  No

*If you do, please provide with this form, a void check and your email address for confirmation of payment:*

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

Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) 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 (CISSS de la Gaspésie) Yes  No

Indigenous Health care in Canada Yes  No

Do you authorize us to verify this information with the above agencies? Yes  No

Transport used: \_\_\_\_\_  
*(If public transport was used, please attach original tickets)*

Signature of user \_\_\_\_\_ Date \_\_\_\_\_  
*(or the person responsible if the user 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: \_\_\_\_\_

*(Subject to validation by the institution)*

Is a family companion or personal care attendant required? If yes, physician's initials: \_\_\_\_\_

Name of attending physician \_\_\_\_\_ Signature of attending physician or authorized representative\* \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 3: TO BE COMPLETED BY THE INSTITUTION RECEIVING THE USER

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? If yes, physician's initials: \_\_\_\_\_

Summary of care or services received: \_\_\_\_\_

Date of consultation appointment: \_\_\_\_\_

If an extended stay, date of last appointment: \_\_\_\_\_  
*(Example of 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 \_\_\_\_\_

*\*The authorized physician's representative may be a professional intervenor or a technician from the receiving institution who can attest to the presence of the user.*

## SECTION 4: RESERVED AREA FOR USE BY THE INSTITUTION'S FINANCIAL RESOURCES DEPARTMENT

This request is:

Accepted  Rejected

Reasons for rejection: \_\_\_\_\_

Financial assistance granted

Kilometers or public transportation : \$ \_\_\_\_\_

Night(s) or accommodation/user: \$ \_\_\_\_\_

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

Total : \$ \_\_\_\_\_

Signature of authorized person \_\_\_\_\_

Date \_\_\_\_\_