

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 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 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 patient ;
- The patient must assume all cost 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<sup>2</sup> for a round trip between the patient's place of residence and the establishment that will provide the required services, minus 200 kilometres (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
  - Others regions : two nights

### SPECIAL CONDITIONS

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;
- lives on the territory between Sainte-Anne-des-Monts and Grande-Vallée, exclusively.

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 questions or additional information about this program, view the Travel Policy for Gaspésie-Îles-de-la-Madeleine clients 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 RESSOURCES DEPARTMENT

#### Côte-de-Gaspé

215, boulevard de York Ouest  
Gaspé (Québec) G4X 2W2  
Tel. : 418 368-3301, ext. 3124  
Fax : 418 368-7150

#### Rocher-Percé

451, rue Mgr Ross Est  
Case postale 3300  
Chandler (Québec) G0C 1K0  
Tel. : 418 689-2261, ext. 2157  
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 residing between Escuminac and St-François, ext. 1603  
For residing between Nouvelle et St-Siméon, ext. 2306  
For residing between Bonaventure et Shigawake, ext. 1073  
Fax : 418 759-5063

## REGIONAL FINANCIAL ASSISTANCE PROGRAM



FOR TRAVEL BY CLIENTS

(200 kilometres or more)

**CENTRE INTÉGRÉ  
DE SANTÉ ET DE  
SERVICES SOCIAUX  
DE LA GASPÉSIE**

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 ensure 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 CLIENT

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

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

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

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

Birth date: \_\_\_\_\_

Telephone: 418 \_\_\_\_\_

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

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

Do you want to join direct deposit payment? Yes  No

*If yes, please provide with this form, a void check and your email address for confirmation of payment.*

Are you receiving benefits from 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

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  
*(or the person responsible if the patient is a minor or disabled)*

Date

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

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

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

If an extended stay, 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

*\*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: 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