

The financial assistance program aims to support patients in Gaspésie 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 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, 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 (1st 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 \$0.24 per kilometer¹ for a round trip between the establishment where user usually receives care 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 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 \$126,16 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 \$ 54,03 per night will be granted for meals;
- The number of nights is calculated based on the destination region:
 - Gaspésie and Bas–St-Laurent: one night
 - Others regions: two nights
- User must provide proof of accommodation.

* *The amounts allocated will be indexed on the April 1st of each year.*

SPECIAL CONDITIONS

Special conditions may apply for a user who:

- 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 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.**

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.

WHO TO CONTACT:

By e-mail:

deplacement.usager.cisssgaspesie@ssss.gouv.qc.ca

Municipalities from Coin-du-Banc to Manche-d'Épée

Hôpital de Gaspé
215, boulevard de York Ouest
Gaspé (Québec) G4X 2W2
Tél. : 418 368-3301, poste 73124

Municipalities from Canne-de-Roches to Port-Daniel

Hôpital de Chandler
451, rue Mgr Ross Est
Chandler (Québec) G0C 1K0
Tél. : 418 759-3443, poste 72464

Municipalities from Gros-Morne to Capucins

Hôpital de Sainte-Anne-des-Monts
50, rue du Belvédère
Ste-Anne-des-Monts (Québec) G4V 1X4
Tél. : 418 759-3443, poste 72464

Municipalities from l'Ascension to Shigawake

Hôpital de Maria
419, boulevard Perron
Maria (Québec) G0C 1Y0
Tél. : 418 759-3443, poste 72464

Note: For any questions or additional information about this program, view the Travel Policy for Gaspésie user at the following address:

cisss-gaspesie.gouv.qc.ca/soins-et-services/aide-financiere-pour-le-deplacement-des-usagers

REGIONAL FINANCIAL ASSISTANCE PROGRAM

FOR TRAVEL BY USERS
(200 kilometers and more)



WARNING
You must submit your claim to the institution in the municipality where you reside, within 90 days following travel.



MAJ 2026-04-08

¹ Based on the distance prescribed by the Ministère des Transports du 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.

WARNING : 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: _____

N°

Street

Town/City

Province

Postal code

Date of birth: _____

Phone number: _____

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:

E-mail address: _____

Are you receiving benefits or are you eligible for one of the following programs (1st 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 program : Indigenous Health care in Canada Yes No

Research program Yes No

Transport used: _____

By signing this form, I authorize the CISSS to carry out the necessary checks with the above mentioned organizations.

Date

***No copies of documents provided will be returned.**

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 numbers of months waiting: _____

(Subject to evaluation 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

Name of receiving physician: _____

Specialty: _____

Receiving institution and town/city: _____

Care paid by RAMQ? Yes No

Research program 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: _____

Date of hospitalization, if applicable : from _____ to _____

Receiving physician's name

Physician's signature or authorized representative*

Date :

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

This request is:

Accepted Rejected

Reason for rejection: _____

Financial assistance granted:

Kilometers or public transportation: _____ \$

Night(s) or accomodation/user: _____ \$

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

Total: _____ \$

Signature of authorized person

Date