

SECTION 3 INSTITUTION PROVIDING THE SERVICES REQUIRED

(Stampa)

Name of the destination institution: _____

Address: _____

Civic no _____ Street _____

City City _____ Province _____ Postal Code _____

Phone Number: () _____

Name of attending physician: _____ Permit no: _____

Specialty: _____

Description of the treatment: _____

Date of the appointment: ____/____/____ Is this a follow-up? _____

Year Month Day

Hospitalization date: From ____/____/____ To ____/____/____

Year Month Day Year Month Day

Accompanying person required by the doctor: Yes No

(for the return)

Signature of attending physician or person authorized: _____ Date: _____

SECTION 4 CISSS du Bas-Saint-Laurent (Section reserved for the Accounting Service)

Name of the installation from the Bas-Saint-Laurent region: _____

Date form received: ____/____/____

Year Month Day

This request meets the eligibility criteria: Yes No

The relevant documents have been provided: Yes No

This request is:

Accepted Refused

Amount granted: _____ Reasons for refusal: _____

Details, if necessary: _____

Supplier's No: _____

Signature of the responsible: _____ Date: _____

Table of Financial Allocations for Users

Bas-Saint-Laurent	Amount allocated to a user for expenses for using a vehicle (Return trip)					Lump sum allocated to a user for meal and accommodation expenses (Return trip)				
	Lévis	Quebec	Trois-Rivieres	Montreal	Sherbrooke	Levis	Quebec	Trois-Rivieres	Montreal	Sherbrooke
Location of the institution providing the services required. Institution where the user usually receives health care & basic services										
La Matanie Sector	\$ 79,56	\$ 81,90	\$ 115,70	\$ 145,60	\$ 136,50	\$ 75,00	\$ 75,00	\$ 150,00	\$ 150,00	\$ 150,00
La Matapedia Sector	\$ 80,86	\$ 83,20	\$ 117,00	\$ 146,90	\$ 137,80	\$ 75,00	\$ 75,00	\$ 150,00	\$ 150,00	\$ 150,00
La Mitis Sector	\$ 63,96	\$ 66,30	\$ 100,10	\$ 130,00	\$ 120,90	\$ 75,00	\$ 75,00	\$ 75,00	\$ 150,00	\$ 150,00
Rimouski-Neigette	\$ 53,56	\$ 55,90	\$ 89,70	\$ 119,60	\$ 110,50	\$ 75,00	\$ 75,00	\$ 75,00	\$ 150,00	\$ 150,00
Les Basques Sector	\$ 39,26	\$ 41,60	\$ 75,40	\$ 105,30	\$ 96,20	\$ 75,00	\$ 75,00	\$ 75,00	\$ 150,00	\$ 150,00
Témiscouata Sector	\$ 44,46	\$ 46,80	\$ 80,60	\$ 110,50	\$ 101,40	\$ 75,00	\$ 75,00	\$ 75,00	\$ 150,00	\$ 150,00
Pohénégamook Sector	\$ 36,92	\$ 39,26	\$ 73,06	\$ 102,96	\$ 93,86	\$ 75,00	\$ 75,00	\$ 75,00	\$ 150,00	\$ 150,00
Rivière-du-Loup Sector	\$ 0	\$ 27,30	\$ 61,10	\$ 91,00	\$ 81,90	\$ 0	\$ 75,00	\$ 75,00	\$ 150,00	\$ 75,00
Kamouraska Sector	\$ 0	\$ 0	\$ 40,30	\$ 70,20	\$ 61,10	\$ 0	\$ 0	\$ 75,00	\$ 75,00	\$ 75,00

Note: For a one-way trip, the amount indicated to be allocated to a user in the above table must be divided in half.

TO USERS OF THE CISSS DU BAS-SAINT-LAURENT

Are you required to 200 Km or more ?

You may be eligible for financial assistance...



Policy for User Transportation

The Financial Assistance Program for Users

This program is intended for users from the Bas-Saint-Laurent region

who are required to travel 200 km or more from their home or an institution in their community to obtain health care and basic services not available in their region.

Eligibility criteria

To be eligible, the user must:

- ❖ Be a Quebec resident.
- ❖ Have received a prescription from his/her physician for health or social services covered by the Régie de l'assurance maladie du Québec (R.A.M.Q.) and not available in the Bas-Saint-Laurent Region.
- ❖ Travel to the nearest health and social services institution located 200 km or more¹ from his/her place of residence or from the institution in the Bas-Saint-Laurent region where he/she usually obtains health care and basic services.
- ❖ Have not received financial assistance from another program.

An individual may be authorized to accompany the user should the user's physician request it. **The physician must then specify this on the prescription** unless the user is under the age of 18 or has severe disabilities. In this case, proof may be required.

¹ Based on road distances established by the ministère des Transports, de la Mobilité durable et de l'Électrification des transports.

Reimbursement of travel expenses

The institution will reimburse the user for:

- ❖ The cost of using a vehicle, according to the Table of Financial Allocations to Users on the reverse side.

Reimbursement of meal and accommodation expenses

- ❖ The institution will reimburse the user a lump sum (being pre-established based on the distances to be travelled; see the Table of Financial allocations to Users on the reverse side) to cover all meal and accommodation expense incurred on this trip (round trip).
- ❖ The user also has the right to a financial allocation for the person accompanying him/her when required based on the eligibility criteria. to cover meal expenses. An allocation of \$20 will be granted for every \$75 of meal and lodging expenses.

Reimbursement of eligible expenses for specific client groups

- ❖ Specific terms and conditions for financial allocations apply to users who are required to travel for radiation oncology or to undergo transplants or follow-up care.
- ❖ Users must contact the Accounting services to obtain information on the expenses authorized for such travel.

Claim procedure

Users are asked to submit their claim within 90 days following their travelling to obtain their reimbursement.

For any questions, please contact us by email at: aidefinanciere200km.cisssbsl@ssss.gouv.qc.ca or by phone at 1 866 724-5231, option #4 "Aide financière pour les déplacements de 200 km et plus".

Note:

Any interpretation of this financial assistance program must be justified based solely on the Centre intégré de santé et de services sociaux du Bas-Saint-Laurent document entitled *Politique de déplacements des usagers*. You can consult this policy on the Centre intégré de santé et de services sociaux du Bas-Saint-Laurent Website at www.cisss-bsl.gouv.qc.ca.

Le Centre intégré de santé et de services sociaux du Bas-Saint-Laurent

Please ensure that SECTION 1, SECTION 2 (if applicable) and SECTION 3 of this form are duly completed, and that the relevant documents are attached to this form. Please keep all official receipts for your tax return as we do not return them.

Please note that incomplete forms will be returned.

SECTION 1 USER (Please complete all fields)

Last Name: _____ First Name: _____

Address: _____
Civic no _____ Street _____
City _____ Province _____ Postal Code _____

Phone Number: Home: () _____ Work: () _____

Date of birth: ____/____/____ Health Insurance Card No: _____
Year Month Day (RAMQ Card)

Email address: _____

Mode of transportation used: Departing: _____ Returning: _____

Transportation claim: Date of departure: _____ Date of return: _____

Have you previously sent in a claim through this program? Yes No

Do you receive benefits from a financial assistance program provided by:

- Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST) Yes No
- Ministère du Travail, de l'Emploi et de la Solidarité sociale (welfare)? Yes No
- Transport hébergement personnes handicapées (refer to your CLSC)? Yes No
- Société de l'assurance automobile du Québec (SAAQ)? Yes No
- Others _____ Yes No

In order to determine the paying agent, do you authorize us to make the necessary verifications with the organizations involved? Yes No

If this is a first consultation, please attach a photocopy of your medical prescription (prescription from a physician from the Bas-Saint-Laurent region) and a void cheque to this form.

Signature of the user: _____ Date: _____

SECTION 2 PERSON ACCOMPANYING THE USER

Last name: _____ First name: _____

Address: _____
Civic No _____ Street _____
City _____ Province _____ Postal code _____

Phone Number : Home: () _____ Work: () _____

Claim Form

(FINANCIAL ASSISTANCE FOR USERS PROGRAM)

Please submit this form within 90 days of your travelling to the following address :

CISSS du Bas-Saint-Laurent
Service de la comptabilité
800, avenue du Sanatorium
Mont-Joli (Québec) G5H 3L6