

**SECTION 2** Accompanying person (if applicable)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Civic No. Street Home  
City Province Postal Code Work

**SECTION 3** Bas-Saint-Laurent physician who prescribed the trip (or attach a copy of the doctor's prescription)

Reason for referral (specialty): \_\_\_\_\_  
Doctor's name (print): \_\_\_\_\_ Licence No.: \_\_\_\_\_  
Is this the closest institution offering the service? ☐ Yes ☐ No  
If not, specify why: \_\_\_\_\_  
Do you have to be accompanied by a family member or an attendant? If so, physician's initials: \_\_\_\_\_  
Signature of Bas-Saint-Laurent physician or authorized person: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 4** Institution that will be providing the required services

(estampe) \_\_\_\_\_  
Institution Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Civic No. Street  
City Province Postal Code  
Name of out-of-region physician: \_\_\_\_\_  
Licence No.: \_\_\_\_\_ Specialty: \_\_\_\_\_  
Treatment received: \_\_\_\_\_

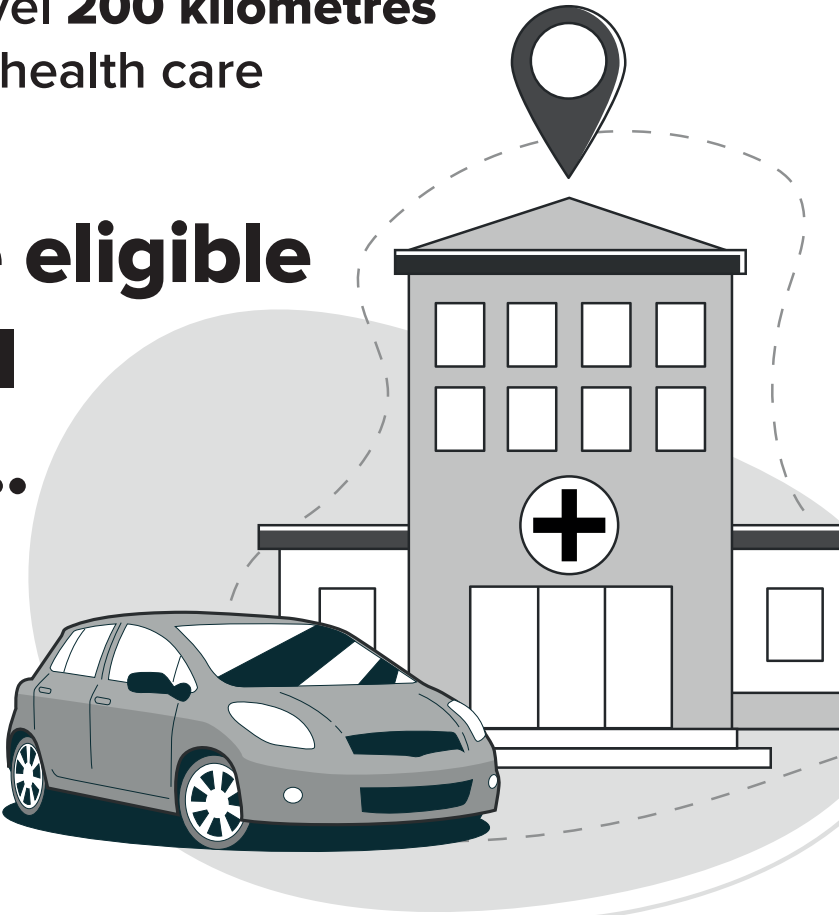
Appointment date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Is this a follow-up? ☐ Yes ☐ No  
Year Month day  
Accompanying person requested by physician: ☐ Yes ☐ No Service covered by the RAMQ: ☐ Yes ☐ No  
Date of hospitalization: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Year Month day Year Month day  
Signature of out-of-region physician or authorized person: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 5** CISSS du Bas-Saint-Laurent (section reserved for Accounting Department)

Reception date: \_\_\_\_\_ This claim is: ☐ Accepted ☐ Refused  
Amount: \_\_\_\_\_ Quantity: \_\_\_\_\_ Budget code: \_\_\_\_\_  
Description: \_\_\_\_\_  
Reason for refusal (if applicable): \_\_\_\_\_  
Signature of accountant: \_\_\_\_\_ Date: \_\_\_\_\_

Do you have to travel **200 kilometres or more** to receive health care and services?

**You may be eligible for financial assistance...**



**Financial Assistance Program for users**

This program is for users in the Bas-Saint-Laurent region who must travel 200 kilometres or more (one way) from their home or local health centre to receive health care and services not available in their region or not available within the medically required timeframe.

This financial assistance program is based on CISSS du Bas-Saint-Laurent's User Travel Policy. You can find this policy at [ciss-bst.gouv.qc.ca/remboursement](https://ciss-bst.gouv.qc.ca/remboursement).

Eligibility criteria

To be eligible, the user must:

- Be a resident of Québec
- Have received a medical prescription from their physician for health and social services not available in the Bas-Saint-Laurent region and covered by the Régie de l'assurance maladie du Québec (RAMQ)
- Travel to the nearest health and social services institution located at least 200 km<sup>1</sup> (one way) from their home or from the institution in the Bas-Saint-Laurent region where they usually receive care and services
- Not have received financial assistance from another program

A person may be authorized to accompany the user at the physician's request. **The physician must indicate this on the medical prescription** unless the user is under 18 years of age. In that case, proof of the accompanying person's presence may be required (e.g., an invoice).

<sup>1</sup>Based on road distances set by the Ministère des Transports et de la Mobilité durable.

Reimbursement of expenses

The amounts are indexed to April 1<sup>st</sup>, 2025. They're automatically indexed to the consumer price index each year.

Travel expenses

The institution will reimburse the user the lower of the following amounts:

- Vehicle expenses as per the *User Financial Allowance Table* available at [cissbsl.gouv.qc.ca/remboursement](https://cissbsl.gouv.qc.ca/remboursement) (equal to \$0.23 per kilometre minus a 200 km deductible)
- Public transportation costs

Meal and accommodation expenses

- The institution pays the user an amount to offset part of the meal and accommodation expenses incurred during the trip (round trip). This amount is preset based on distance travelled (see User Financial Allowance Table at [cissbsl.gouv.qc.ca/remboursement](https://cissbsl.gouv.qc.ca/remboursement)). **Since November 1<sup>st</sup>, 2023, all claims submitted require proof of accommodation.**
- Please note that the amounts stated are per day of travel for appointments.
- The user is also entitled to a financial allowance to offset part of the accompanying person's expenses when an accompanying person is required according to the eligibility criteria. This allowance is equal to \$52.50 of expenses incurred by the accompanying person for each \$122.60 of meal and accommodation expenses incurred by the user.

Special financial allowances apply for users who must travel to receive **oncology** services, who are awaiting a **transplant** or who need **post-transplant** care. For information on eligible travel expenses, please contact us (see contact details below).

Please contact us for any questions or additional information.

Email: [aidefinanciere200km.cissbsl@ssss.gouv.qc.ca](mailto:aidefinanciere200km.cissbsl@ssss.gouv.qc.ca)  
Telephone: 1 866 724-5231 (choose "Aide financière pour les déplacements de 200 km et plus" meaning "Financial assistance for trips of 200 km or more")

Claim form available at [cissbsl.gouv.qc.ca/remboursement](https://cissbsl.gouv.qc.ca/remboursement)



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Please ensure that **SECTIONS 1, 2** (if applicable), **3** and **4** of this form are completed, and that supporting documents are attached to this form. Keep your original receipts for your annual tax return. Those you submit with your claim won't be sent back to you. Incomplete forms will be returned to you.

Please submit this form **within 90 days of your trip**:



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



**By email**  
[aidefinanciere200km.cissbsl@ssss.gouv.qc.ca](mailto:aidefinanciere200km.cissbsl@ssss.gouv.qc.ca)

SECTION 1 User (please complete all fields)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Civic No. Street Home  
City Province Postal Code Work

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Health Insurance No.: \_\_\_\_\_  
Year Month Day

Email: \_\_\_\_\_

Mode of transportation: Initial trip: \_\_\_\_\_ Return trip: \_\_\_\_\_

Travel dates: Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

Have you already submitted a claim under this program? ☐ Yes ☐ No

Do you receive financial assistance from:

- 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 (social assistance) ☐ Yes ☐ No
- Travel Expense Program for people with disabilities (refer to your CLSC) ☐ Yes ☐ No
- Société de l'assurance automobile du Québec (SAAQ) ☐ Yes ☐ No
- Other: \_\_\_\_\_ ☐ Yes ☐ No

Do you authorize us to check with the appropriate organizations to identify the paying agent? ☐ Yes ☐ No

**If this is your first claim, please attach to this form a photocopy of your medical prescription from the Bas-Saint-Laurent physician (or have them complete SECTION 3 of this form) and a void cheque.**

User's signature: \_\_\_\_\_ Date: \_\_\_\_\_