

Travelling for Medical Services?

We're here to help.

If you have travelled for specialized medical treatments or services, you may be eligible for financial help.

Medical Transportation Assistance Program (MTAP)

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What is the Medical Transportation Assistance Program (MTAP)?

The Medical Transportation Assistance Program (MTAP) provides financial help to Medical Care Plan (MCP) beneficiaries who incur large out-of-pocket travel costs to **access specialized insured medical services** which are not available in their:

- Community and/or
- Province/country.

These specialized medical services include visits to a physician specialist; treatments such as chemotherapy, dialysis and radiation; and investigations such as nuclear medicine tests, MRI and PET scans.

MCP beneficiaries (patients) who must travel for specialized insured medical services may be eligible to claim for medical travel to **the nearest treatment facility**. The patient must travel to/from their home in Newfoundland and Labrador to qualify.

Eligible costs to claim include:

a) Economy Airfare	e) Taxis (when used in conjunction with airfare or bus)
b) Accommodations	f) Scheduled Transportation Services (e.g. bussing, ferries)
c) Meal Allowances	g) Car Rentals – in limited circumstances
d) Private Vehicle	

Patients must pay their medical travel costs upfront before applying to MTAP for financial help.

Exception: Labrador-Grenfell Health Zone* residents travelling in-province and all Island and Labrador residents travelling out-of-province by air can apply to have 75% or more of their flight prepaid using:

- In-Province Flight Voucher program; or
- Out-of-Province Airfare Partial Pre-Payment program

When a referring physician requires the patient to have a travel companion (non-medical escort), those travel costs may be eligible for financial help too (e.g. airfare, meal allowances).

* The Labrador-Grenfell Health Zone comprises the area north of Bartlett's Harbour and Englee on the Northern Peninsula, and all of Labrador.

How the Program Works

Medical Transportation Assistance Claim Form

A patient or claimant (the person who incurred the costs and lives in the same household as the patient) can apply for financial help after a single medical travel trip concludes by completing, signing, and submitting one of the online fillable claim forms found here:

- [In Province Medical Transportation Assistance Claim](#); or
- [Out-of-Province Medical Transportation Assistance Claim](#)

Signature Requirements for Claims

A claim may be digitally signed only if:

- The claimant is the patient, **or**
- The patient(s) listed are aged 15 or younger.

If the claimant is not the patient, or if the claim includes costs for multiple patients aged 16 or older, the following are required:

- A wet (handwritten) signature from each patient aged 16 or older, **and**
- A wet or digital signature from the claimant.

Claim Documentation Requirements

Medical Referral

- **In-Province**
A claim does not need a referral from a Newfoundland & Labrador physician.
- **Out-of-Province** (patient care not available in-province)
A claim must include a referral from a Newfoundland & Labrador specialist physician. This referral can be used within a 12-month period for multiple out-of-province trips when the primary diagnosis remains the same (e.g., stem cell treatment). MTAP may need advice from the Department of Health and Community Services' (HCS) medical staff before it can approve a claim.
- **Out-of-Country** (patient care not available within Canada)
A claim must include the referral from a Newfoundland & Labrador specialist physician and prior approval from MCP for out-of-country treatment.

Non-Medical Escort

When a referring physician recommends a travel companion, who is not a medical professional, as a requirement for the patient, travel costs incurred by the escort may be eligible for financial help (e.g., flight, meal allowances).

Escort considerations:

- One escort is eligible for funding when a referring physician recommends them as medically necessary (and **cannot be just for emotional support**).

- Patients under 18 years old or 80 years and older are eligible to have one escort without requiring a physician's recommendation.
- The escort's travel must be to/from the patient's Newfoundland and Labrador home community to qualify.
- As the escort must travel with the patient, they may not be eligible for private vehicle funding.
- The escort is expected to share the same accommodations as the patient unless that person is hospitalized.
- Where the patient is hospitalized for an extended period, escort funding may be limited to the costs incurred to travel to/from the patient's home to the treatment facility.

A patient must provide a medical note from the referring physician when a claim includes costs for a non-medical escort. The medical note must state the patient's medical condition, illness, injury, or treatment, and the need for a non-medical escort.

MTAP does not offer funding for non-medical escort costs when the only reason is to provide the patient with emotional support.

Appointment Confirmation

Claims submitted after travel is complete do not need an appointment confirmation record (i.e. a document confirming an appointment).

An appointment confirmation record is ONLY required when a patient applies for one of MTAP's prepayment flight options (i.e., In-Province Flight Voucher or Out-of-Province Airfare Partial Pre-Payment).

An appointment confirmation record must include:

- Date and time (if available) of appointment (including admission and discharge dates if applicable).
- Name of specialist physician
- Reason for the appointment (e.g., dermatology consultation, colonoscopy, etc.)

Attendance Confirmation

Claims must include an attendance confirmation record with the following information:

- Date and time (if available) a patient attended their appointment (including admission and discharge dates if applicable).
- Reason for the appointment (e.g., dermatology consultation, colonoscopy, etc.)
- Specialist signature or signature of a delegated authority.

Official Receipts

Claims must include clear and legible copies of the official receipts with confirmation of payment (e.g. credit card receipt) for the following eligible costs, if applicable.

- Airfare (official ticket receipt, baggage claim receipt and itinerary).
- Registered Purchased accommodations

- Taxis
- Car rentals
- Scheduled Transportation Service: registered busing, minivan and ferry services

Do **NOT** submit meal, private accommodation, gas, and/or any other receipts for non-eligible costs as they are not required for assessment and will not be considered for payment.

Electronic Banking

To receive funding, claimants of the Medical Transportation Assistance Program must enroll in the government's direct deposit program using the following form [direct-deposit.pdf \(gov.nl.ca\)](http://direct-deposit.pdf (gov.nl.ca)).

The direct deposit form must be signed by the bank account holder and stamped by your banking institution or include a VOID cheque with your current address.

Period to Submit a Claim

- A patient or claimant must submit a claim every month when travelling for more than 31 consecutive days.
- All other claims must be received within 12 months of the date of the insured specialized medical service.

Where to Submit

Once completed, the patient or claimant can email their claim with the required supporting documentation and official receipts for eligible costs to: mtap@gov.nl.ca

Alternatively, a patient or claimant can mail or fax their claim and support to the following:

Medical Transportation Assistance Program
Department of Labrador Affairs
Government of Newfoundland and Labrador
P.O. Box 8700, St. John's, NL A1B 4J6
Fax: 709-729-1918

For all other information, please call 1-877-475-2412 or visit the website at:

[Medical Transportation Programs - Labrador Affairs \(gov.nl.ca\)](http://Medical Transportation Programs - Labrador Affairs (gov.nl.ca))

Assessed Claim Results

Once a claim is assessed, the claimant will receive a written notification detailing the outcome. This notification will inform the claimant whether their claim has been approved or denied. If approved, it will include specifics regarding the assessment of allowable expenses based on MTAP's eligibility criteria and assistance rates. Additionally, the notification will specify the assistance amount, net of any applicable private insurance benefits, owed to the claimant as a refund or repayable to the province as an overpayment. Claimants entitled to a refund will receive their funding via direct deposit, whereas an overpayment must be repaid to Labrador Affairs.

Overpayments occur when a patient's private health insurance benefits exceed the travel subsidy received through the in-province flight voucher program or the out-of-province airfare partial pre-payment program, plus any other assistance available through MTAP. In the event of an overpayment, the patient should contact the Department of Labrador Affairs at MTAP@gov.nl.ca or 1-877-475-2412 to discuss repayment options.

Appeals

Should you find the result of your claim unsatisfactory, you may have the option to appeal the decision. Generally, a claim filed too late or denied for something explicitly excluded in the policy, e.g., an uninsured medical service, is not eligible for appeal.

Instructions for this process, if available, will be included in your notification letter.

Private Insurance/Other Sources of Funding

MTAP is the payer of last resort. Patients with private health insurance benefits must have their medical travel costs assessed by the private insurance provider before submitting their post-travel MTAP claim to the Department for assessment. Patients must disclose any monies paid by another provider with confirmation of the amount paid to patient or on the patients' behalf. Failure to disclose money received from private insurance/other sources for claims submitted to MTAP will result in the recovery of funding provided by MTAP.

Ineligible Travel

MTAP does not provide assistance for travel expenses incurred outside the province to obtain specialized insured medical services or medical opinions when such patient care is available within the province. Furthermore, all specialized insured medical services outside the province must be deemed medically necessary by the HCS' medical staff. Consequently, travel to receive a preferred, alternative, or elective service, including those for cosmetic reasons, will not be eligible for consideration.

EXAMPLE: The patient is presented with three feasible treatment options for their diagnosis. Treatments A and B are accessible within the province, while Treatment C is exclusively available in Ontario. Should the patient choose Treatment C based on their research, MTAP will not assist with travel outside the province when viable treatments are available locally.

Whether travelling within the province or outside of the province, MTAP is not available for any of the following scenarios:

- To obtain a second opinion.
- To avoid wait times.
- When treatment is considered experimental.
- To participate in clinical trials.
- When a treatment or suitable alternative treatment is available in the patient's area of residence, province, or country.

Non-eligible services and treatments include, but are not limited to:

- General practitioner appointments (scheduled or unscheduled).
- Emergency room visits.
- Laboratory services, such as blood and urine collection.
- Routine diagnostic services such as chest x-rays, EKG, etc.
- Experimental research or clinical trials.
- Private clinics such as physiotherapy.
- Services not insured under MCP.

Excluded Persons

- Income Support recipients are not eligible as their medical travel costs may be eligible for funding under Medical Transportation Assistance Program for Income Support clients.
- Patients who receive funding for medical travel from Federal or Provincial Departments, Agencies, Boards or Commissions such as the WorkplaceNL, or NL Health Services are not eligible under this program.
- Bone marrow/stem cell and organ donors who receive financial help for medical travel through NL Health Services are not eligible for funding under the program.

Redemption of Reward Points/Miles/Vouchers

MTAP assists with out-of-pocket costs. MTAP does not compensate for the redemption or purchase of reward points/miles/vouchers for airfare, claimable costs and/or purchased registered accommodations. However, any receipts for applicable taxes/fees or charges for the issuance of such services may be submitted for consideration.

Eligible Expenses

Private Vehicle

All Residents, In and Out-of-Province

Patients who travel more than 500 kilometres by private vehicle from April 1 to March 31 of each year to attend medically required specialized insured services, which are not available within 50 kilometres one way of their home community, may be eligible for the following financial help:

Effective for travel occurring on or after April 1, 2025

- 25 cents per kilometre - after the first 500 eligible kilometres

Effective for travel occurring before April 1, 2025

- 20 cents per kilometre - between 501 and 4,000 eligible kilometres
- 25 cents per kilometre – after the first 4,000 eligible kilometres

A patient's annual travel deductible and assistance rate commences on April 1 and concludes on March 31 for all participants in the program.

Non-Eligible Kilometres

- Local travel within the area where the specialized insured services service is less than 50 kilometres one way.
- Patients who travel via private vehicle to access non-specialized insured services.



Other Considerations

- MTAP calculates kilometres based on the distance between the patient's hometown and the community where the specialized insured service is received using the NL Statistics Agency Kilometre Matrix. The Matrix is available at www.stats.gov.nl.ca/DataTools/RoadDB/Distance
- MTAP calculates kilometres for out-of-province medical travel using the shortest distance between communities on Google Maps.
- MTAP's kilometre deductible renews on April 1 of every year.
- A single claimant may combine eligible kilometres for immediate family members who live in the same household to reach the kilometre requirement. Where patients travel together for appointments, only one individual may claim the kilometres travelled.
- Patients or claimants claiming private vehicle mileage must record their kilometres in the In-Province Medical Transportation Assistance Claim form or Out-of-Province Medical Transportation Assistance Claim form.
- Claimants with many private vehicle claims can use the Private Vehicle Worksheet with their claim form. MTAP will not assess the Private Vehicle Worksheet when submitted in isolation, it must be submitted with the In-Province or Out-of-Province Medical Transportation Assistance Claim form.

Airfare, Accommodations, Meals, Taxis & Other

Labrador-Grenfell Health Zone Residents, In and Out-of-Province Travel

A. Economy Airfare Funding Rates:

Financial help is available on total eligible costs occurred from April 1 to March 31 of each year beginning with the date of the initial travel as follows:

- 100% reimbursement of the first \$1,000.
- 75% of costs between \$1,000 and \$8,000
- 85% of costs more than \$8,000.

EXAMPLE 1: patient and escort fly from Goose Bay to Deer Lake (round trip) for a total cost of \$2,100. This is the patient's **FIRST** approved medical trip of the year. After completing the trip, the patient submits a claim to MTAP for the \$2,100 and receives \$1,825 (\$1,000 + \$825) in financial assistance.

The assistance amount consists of 100% reimbursement of the first \$1,000 and 75% of the remaining costs ($\$2,100 - \$1,000 = \$1,100$ * 75% = \$825).

EXAMPLE 2: patient and escort fly from Goose Bay to Deer Lake (round trip) for a total cost of \$2,100. This is the patient's **SECOND** approved medical trip of the year. After completing the trip, the patient submits a claim to MTAP for the \$2,100 and receives \$1,575 in financial assistance.

The assistance amount consists of a 75% reimbursement of the total cost ($\$2,100 * 75\% = \$1,575$).

B. Accommodations, Meals, Taxis & Other Funding Rates:

Financial help is available on total eligible accommodations, meal allowances, taxis, car rentals and scheduled transportation services (bussing and ferries) from April 1 to March 31 of each year beginning with the date of the initial travel as follows:

- 50% on the first \$3,000 costs.
- 75% of costs more than \$3,000.

Please note: 100% reimbursement of the first \$1,000 cannot be applied towards accommodation, meals, taxis and other eligible expenses outlined directly above. This assistance rate is reserved for economy airfare costs only.

Island Residents, Out-of-Province Travel

A. Economy Airfare Funding Rates:

Financial help is available on total eligible costs from April 1 to March 31 of each year beginning with the date of the initial travel as follows:

- 100% reimbursement of the first \$1,000.
- 75% of costs between \$1,000 and \$8,000
- 85% of costs more than \$8,000.

B. Accommodations, Meals, Taxis & Other Funding Rates:

Financial help is available on total eligible accommodations, meal allowances, taxis, car rentals and scheduled transportation services (bussing and ferries) from April 1 to March 31 of each year beginning with the date of the initial travel as follows:

- 50% on the first \$3,000 costs.
- 75% of costs more than \$3,000.

Please note: 100% reimbursement of the first \$1,000 cannot be applied towards accommodation, meals, taxis and other eligible expenses outlined directly above. This assistance rate is reserved for economy airfare costs only.

Island Residents, In-Province Travel

Financial help is available on total eligible economy airfare, accommodations, meal allowances, taxis, car rentals and scheduled transportation services (bussing and ferries) from April 1 to March 31 of each year beginning with the date of the initial travel as follows:

- \$400 family deductible on the first \$400 of eligible costs.
- Next \$100 is reimbursed at 100%.
- Next \$3000 is reimbursed at 50%.
- Expenses greater than \$3500 is reimbursed at 75%.

Eligible Cost Share Details – In-Province and Out-of-Province

A. Economy Airfare:

Eligible towards economy ticket (official ticket receipt and itinerary required) and costs for one baggage claim.

B. Accommodations:

Registered purchased and private accommodation allowances are available to be claimed when the nearest treatment center is located outside the patients' area of residency (**more than 200 kilometres one way from the place of residence**).

Registered Purchased (official receipt required)

- \$150 per Diem, In-Province.
- \$175 per Diem, Out-of-Province.
- \$3,100 In-Province and \$3,500 Out-of-Province, maximum amounts in a 31-day period.
Available when patients are medically required to take up temporary residence in another region of the province or another province/territory while receiving specialized medical treatment or awaiting transplantation.

Private (i.e. staying with family and/or friends)

- \$25 nightly benefit, paid at 100% - In-Province and Out-of-Province.

Not available on dates when registered purchased accommodations claims are submitted.

Please Note: Island residents travelling in-province are only eligible to receive payment for the private accommodation benefit once the \$400 family deductible is met. This benefit, if claimed, will not be counted towards the balance of total eligible costs when calculating the island resident's \$400 family deductible.

The maximum number of nights a patient may be eligible for MTAP funding is determined by the number of days routinely required to receive the necessary insured service/treatment plus one additional night.

EXAMPLE: a maximum of two (2) nights' accommodation may be claimed for a single appointment or treatment. This allows the patient accommodation on the day prior to the appointment (night 1) and accommodation on the day of the appointment (night 2). The patient would then be expected to return to their home on the day following the appointment.

Patients travelling out of province or Labrador patients travelling to the island portion of the province by private vehicle to reach the nearest treatment facility may be entitled to extra night(s') accommodation depending on related ferry schedules and final distance travelled.

C. Meal Allowances:

The following meal allowances apply when registered purchased accommodations or private accommodations qualify for financial help:

- \$29 per Diem, In-Province.
- \$29 per Diem, Out-of-Province when private accommodations claimed.
- \$43 per Diem, Out-of-Province when registered purchased accommodations claimed.
- \$700, maximum amount in a 31-day period
- Patients cannot claim a meal allowance for in-patient stays.

D. Taxis:

Eligible when used with air travel or bus (official receipts required) or scheduled transportation service (excluding ferry service). Coverage includes:

- Airport to accommodations, hospital, or medical service provider and return (\$60 maximum out-of-province and \$40 maximum in-province, each way); and/or
- Accommodations to the hospital or medical service provider and return (\$20 daily maximum in/out-of-province, each way). Exemptions may apply when multiple appointments occur on the same day in different locations.

E. Car Rentals:

Eligible only when used with air travel (official receipts required). The cost must be equal to or lower than the daily allowable taxi cost.

F. Scheduled Transportation Service:

Scheduled transportation service costs may be eligible for funding, including registered busing, minivan and ferry services (official receipts are required).



- Eligible costs will be assessed based on travel dates for medical appointment/service date(s).
- Personal care items, utilities, and long-distance telephone calls are not eligible costs.
- Submitting ineligible expense types may slow down your assessment process.

Partial Pre-Payment of Economy Flight Options

In Province Flight Voucher Program

Who Is Eligible

Labrador-Grenfell Health Zone residents can apply to the fast track In-Province Flight Voucher program when booking in-province commercial air travel (economy) for specialized insured medical services.

This voucher is not available to patients outside of the Labrador-Grenfell Health Zone or to Labrador-Grenfell Health Zone patients wishing to book travel through an airline other than PAL.

Coverage

The In-Province Flight Voucher can prepay 75% or more of a patient and non-medical escort's total pre-set ticket costs as follows:

- For airfare costs up to \$1,000, MTAP will prepay the full pre-set ticket price on a patient's first approved trip from April 1 to March 31 of each year. Any unused portion of the \$1,000 can be applied to the patient's next approved trip(s) within the same period.
- For airfare costs exceeding \$1,000, MTAP will prepay \$1,000, plus 75% of the remaining cost of the fare on a patient's first approved trip from April 1 to March 31 of each year.
- Depending on a patient's total eligible airfare costs for the year (this also includes any approved escort air travel costs as well), MTAP will prepay 75% or 85% of subsequent airfare costs from April 1 to March 31 of each year (i.e. 75% of total airfare costs between \$1,001 and \$8,000; and 85% of airfare costs between - \$8,001 and up).



IMPORTANT Patient and non-medical escort vouchers will be limited to three consecutive trips within six months unless their outstanding post-travel MTAP Financial Assistance claims are submitted.



IMPORTANT Patients and non-medical escorts with one or more vouchers over six months old cannot access future vouchers until they submit their outstanding post-travel MTAP Financial Assistance claim.

Application Process

A patient or claimant can apply for the In-Province Flight Voucher by submitting the following application by email to: flightvoucherMTAP@gov.nl.ca.

- [In Province Flight Voucher Application](#)

Application must include appointment confirmation record and support for a non-medical escort (if applicable).

Please note: Monthly fluctuating fuel surcharge can have a minor effect on the final amount a patient pays.



Other Considerations

- MTAP should receive the application at least two working days before the travel date.
- A separate application will be required for each trip request.
- If the In-Province Flight Voucher is approved, MTAP will provide the patient with a Travel Authorization Number. A separate Travel Authorization Number will be provided for an applicable escort, if approved. The Travel Authorization Numbers will indicate whether the approval is for one-way or round-trip, the expiry date and MTAP subsidy amount.
- Using the Travel Authorization Numbers, patient and escort can book a flight through PAL and pay a pre-set ticket amount (depending on route and patient funding level) regardless of how far or close to medical service date.
- A Travel Authorization Number can only be used towards one approved one-way or round trip unless the patient/escort reschedules or cancels their flight. Refer to “Rescheduled/Cancelled Travel” section for further information.
- The patient can change or cancel a flight at no additional charge.
- The escort is required to travel from/to the same location (airport) as the patient.
- At the time of booking, the patient will be required to make payment towards the cost of their portion of the economy flight.
- If a patient and/or escort are no shows, the patient will be charged for the entire cost of the flight.

Rescheduled/Cancelled Travel

- If travel has to be rescheduled, the patient must notify MTAP of the reason along with the new travel date(s).
- A patient or escort cannot reschedule a flight with an expired Travel Authorization Number. Patient will be required to apply to the In-Province Flight Voucher program with a new application and include all requested documentation.
- The patient will be responsible for repayment of any monies paid by MTAP if the patient cancels and does not rebook and submit a post-travel MTAP Financial Assistance claim within 12 months.

Post-Travel Assessment

- Once all approved medical travel has concluded, the patient must submit a post-travel MTAP Financial Assistance claim, travel itinerary, and attendance confirmation record within 12 months to MTAP. Failure to submit a claim may be considered an overpayment, and the patient will be responsible for reimbursement of that amount.
- Patient and non-medical escort vouchers will be limited to three consecutive trips within six months unless their outstanding post-travel MTAP Financial Assistance claims are submitted.
- Patients and non-medical escorts with one or more vouchers over six months old cannot access future vouchers until they submit their outstanding post-travel MTAP Financial Assistance claim.
- If the post-medical assessment identifies that an overpayment was made by MTAP (e.g. due to payments by another source such as private insurance), the patient will be responsible for reimbursement of that amount.

Out-of-Province Airfare Partial Pre-Payment Program

Who Is Eligible

Patients can avail of the Out-of-Province Airfare Partial Pre-Payment program when booking out-of-province commercial air travel (economy) for specialized insured medical services.

Coverage

The Out-of-Province Airfare Partial Pre-Payment can prepay 75% or more of a patient and non-medical escort's total airfare costs as follows:

- For airfare costs up to \$1,000, MTAP will prepay the full pre-set ticket price on a patient's first approved trip from April 1 to March 31 of each year. Any unused portion of the \$1,000 can be applied to the patient's next approved trip(s) within the same period.
- For airfare costs exceeding \$1,000, MTAP will prepay \$1,000, plus 75% of the remaining cost of the fare on a patient's first approved trip from April 1 to March 31 of each year.
- Depending on a patient's total eligible airfare costs for the year (this also includes any approved escort air travel costs as well), MTAP will prepay 75% or 85% of subsequent airfare costs from April 1 to March 31 of each year (i.e. 75% of total airfare costs between \$1,001 and \$8,000; and 85% of airfare costs between - \$8,001 and up).



IMPORTANT Patients who have not submitted their post-travel MTAP Financial Assistance claim for a previous pre-payment will not be eligible for another pre-payment until it is submitted and assessed by MTAP staff.

Application Process

A patient or claimant can apply by completing the following application and emailing it to mtap@gov.nl.ca:

- [**Out-of-Province Economy Airfare Partial Pre-Payment Application**](#)



Other Considerations

- All specialized insured medical services outside the province must be deemed medically necessary by the HCS' medical staff.
- MTAP should receive the application at least seven business days before the travel date including the necessary medical referrals. It is important to note that providing inadequate information during the application process to explain the need for travelling out-of-province may delay HCS' assessment.
- If pre-payment of economy airfare is approved, MTAP will provide the patient with a Travel Authorization Number. The Travel Authorization Number will state whether the approved travel is for the patient only, escort only, or for the patient and escort. It will also say whether the approval is for one-way or round-trip travel.

- The escort is required to travel from/to the same location (airport) as the patient.
- The patient will be provided with the appropriate contact information for the travel agency partnering with MTAP to book the required medical travel.
- At the time of booking, the patient will be required to make payment towards the cost of the economy airfare (as confirmed by the Medical Claims Assessor). The remaining will be paid by MTAP.

Rescheduled/Cancelled Travel

- If travel has to be rescheduled, the patient must notify MTAP of the reason along with the new travel date(s).
- The patient will be responsible for paying any additional costs as a result of rescheduling. The charges can then be submitted for assessment with the post-medical travel claim. A patient or escort cannot reschedule a flight with an expired Travel Authorization Number.
- The patient will be responsible for repayment of any monies paid by MTAP when the patient cancels the pre-approved medical travel.

Post-Travel Assessment

- Once approved medical travel has concluded, the patient must submit a post-travel MTAP Financial Assistance claim, travel itinerary, and attendance confirmation record within 12 months to MTAP. Failure to submit a claim may be considered an overpayment and the patient will be responsible for reimbursement of that amount.
- If the post-medical assessment identifies that an overpayment was made by MTAP (e.g. due to payments by another source such as private insurance), the patient will be responsible for reimbursement of that amount.
- Patients who have not submitted their claim for a previous pre-payment will not be eligible for another pre-payment until a related post-travel MTAP Financial Assistance claim is submitted, assessed and verified.

Partial Pre-Payment Travel Examples

For the initial travel between April 1 to March 31, travel authorization will be for \$1,000 towards the cost of economy airfare, including the airfare of an approved escort plus 75% of any remaining costs above \$1,000. For any additional trips by a patient within the year, further airfare prepayments shall be limited to any unused amount from the initial \$1000 allowance, plus 75% of the residual cost of the fare. Once a total patient's airfare costs exceed \$8,000 from April 1 to March 31 of each year, further airfare prepayments will move to 85% of total airfare costs.

EXAMPLE 1: if the cost of the first trip ticket from April 1 to March 31 of each year is \$1,500, the patient will receive a travel authorization for \$1,375.

$$1,000 + (\$500 * 75\% \text{ (cost shared funding rate)}) = \mathbf{\$1,375 \text{ travel authorization}}$$

EXAMPLE 2: if the cost of the first trip ticket from April 1 to March 31 of each year is \$850, the patient will receive a travel authorization for \$850.

EXAMPLE 3: if the cost of the sixth trip ticket from April 1 to March 31 of each year is \$1,800 and the patient has accumulated \$8,000 in annual airfare costs, the patient will receive a travel authorization for \$1,530.

$$(\$1,800 * 85\% \text{ (cost shared funding rate)}) = \mathbf{\$1,530 \text{ travel authorization}}$$