

## FINANCIAL ASSISTANCE PROGRAM

This program is for CISSS de l'Outaouais patients who, at their physician's request, must travel outside the region to receive health care or social services not available in the Outaouais region. It reimburses patients for a portion (but not all) of their travel and accommodation expenses including meals.

## GENERAL ELIGIBILITY FOR FINANCIAL ASSISTANCE

- Must be a Quebec resident;
- Must have a prescription for health or social services not available in the region;
- Must travel to a facility outside the region, located more than 200 km from their residence or from the facility where they usually receive care in the Outaouais;
- Must not be eligible for any other reimbursement program (SAAQ transportation program, CNESST, CLSC accommodation for persons with disabilities, etc.);
- Travel must be for RAMQ-covered care and services.

## AVAILABLE FINANCIAL ASSISTANCE (ELECTIVE TRAVEL)

### ✓ Transportation Expenses

#### Personal Vehicle Use

- Allowance of \$0.20 per kilometre (km) travelled (no reimbursement for the first 200 km);
- Distance calculated from the facility where the patient usually receives health care or from the patient's residence.

#### Public Transportation (Bus or Train)

- Maximum reimbursement provided at the current regular fare, upon submission of receipt.

### ✓ Accommodation Expenses (Including Meals)

- Patients are given a flat rate of \$108 per night for all meal and accommodation expenses. Patients are eligible for this assistance if they stay in a hotel (maximum of 2 nights). If they stay with friends or relatives \$22.25 per night (Proof of address will be required).

## SPECIAL CASES

### Waiting for Transplant or Post-Transplant Patients

#### ✓ Transportation Expenses

- Same as for Elective Travel.

#### ✓ Accommodation Expenses (Including Meals)

For patients and their personal attendant/companion, MSSS-recognized accommodation or lodging expenses are reimbursed for the duration of their stay (at the current rate for a semi-private room).

### Patients Receiving Cancer Treatment

#### ✓ Transportation Expenses

- Allowance of \$0.20 per kilometre (km) travelled.

#### ✓ Accommodation Expenses (Including Meals)

- For patients and their personal attendant/companion, MSSS-recognized accommodation or lodging expenses are reimbursed for the duration of their stay, at the current rate for a semi-private room;
- If no rooms are available at recognized accommodation locations, then the terms of Elective Travel apply.

## NON-REIMBURSABLE EXPENSES

- Taxi, subway/metro, city bus, paratransit, parking, gas, etc.
- Meals for same-day round-trip travel;
- Any claims for services provided over a year ago will be rejected.

## FINANCIAL ASSISTANCE FOR PERSONAL ATTENDANT/COMPANION (medically necessary)

### ✓ Transportation Expenses

#### Public Transportation Expenses (Bus or Train)

- If a personal attendant/companion is required, maximum reimbursement will be provided at the regular fare in effect, upon submission of receipt.

### ✓ Accommodation Expenses (Including Meals)

- Personal attendants/companions are given a flat rate of \$46.25 per night for all meal and accommodation expenses.

## SUBMITTING A CLAIM FOR REIMBURSEMENT

- Make sure you and the physicians fill out Sections 1 to 4 of this document.
- If necessary, attach original accommodation invoices.

## SUBMIT CLAIM

### BY MAIL:

Financial Assistance Program for Out-of-Region Travel for Elective Cases, Cancer Treatment and Transplants  
Hôpital de Hull  
Direction des services multidisciplinaires et à la communauté  
116 Lionel-Émond  
Gatineau (Québec) J8Y 1W7

### BY EMAIL:

CISSO\_REMB\_FRAIS\_DEPLAC@ssss.gouv.qc.ca

### BY FAX:

819-966-6077

## INFORMATION:

[www.cisss-outaouais.gouv.qc.ca](http://www.cisss-outaouais.gouv.qc.ca)

Phone 819-966-6056

**IMPORTANT \*\*\*Make sure Sections 1 to 4 are completed and signed\*\*\*  
\*\*\*Any claims for services provided over a year ago will be rejected\*\*\***

**TO BE COMPLETED BY PATIENT**

**SECTION 1. PATIENT IDENTIFICATION**

Last Name, First Name:	Date of Birth:
Address:	City:
Postal Code:	Phone:
Are you receiving any other financial assistance? (social assistance, SAAQ transportation program, CNESST, CLSC accommodation for persons with disabilities, etc.) YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please specify:	
For minors, pay to the order of:	

**SECTION 2. TRAVEL INFORMATION**

Destination located 200 km or more (name of facility):	
Appointment date:	
Travel dates: (departure date)	(return date)
<b>Means of Transportation</b>	<b>Accommodation (if applicable)</b>
Personal vehicle: <input type="checkbox"/>	Accommodation: From: _____ To: _____
Public Transportation: <input type="checkbox"/>	Hospitalization: From: _____ To: _____
I certify that I meet the eligibility criteria and I authorize the CISSS de l'Outaouais to verify this information.	
Patient (or guardian) signature:	Date:

**\*\*\*RESERVED FOR PHYSICIAN\*\*\***

**SECTION 3. ATTENDING (OUTAOUAIS REFERRING) PHYSICIAN'S PRESCRIPTION**

Physician's name (please print):	
Specialty:	
Nature of prescribed service:	
Is this speciality available in our region? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so, please explain why a regional specialist is not being consulted:	
Personal attendant/companion medically necessary for this travel? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Reason:	
Physician's signature:	Date:

**SECTION 4. ATTESTATION OF RECEIVING PHYSICIAN (OUT REGION)**

Physician's name (please print):	
Specialty:	
Nature of service provided:	
<input type="checkbox"/> Cancer treatment (specify):	
<input type="checkbox"/> Transplant-related treatment (specify):	
<input type="checkbox"/> Other (specify):	
Signature of receiving physician:	Date:

**SUBMIT CLAIM**

<b>BY MAIL:</b> <b>Financial Assistance Program for Out-of-Region Travel for Elective Cases, Cancer Treatment and Transplants</b> Hôpital de Hull Direction des services multidisciplinaires et à la communauté 116 Lionel-Émond Gatineau (Québec) J8Y 1W7	<b>BY EMAIL:</b> CISSO_REMB_FRAIS_DEPLAC@ssss.gouv.qc.ca
	<b>BY FAX:</b> 819-966-6077 Phone 819-966-6056

**\*\*\*ATTACH ALL ORIGINAL ACCOMMODATION INVOICES (IF NECESSARY)\*\*\***