

OUT OF PROVINCE TRAVEL and ACCOMMODATION EXPENSE CLAIM FORM

(Submit to above address)

Resident Name	Address	Phone	Health Card Number	
Home Address (if different)				
Physician Name	Address	Phone	Specialty	
Out of Province Physician	Address	Phone	Specialty	
Travel Dates (mm/dd/yy)	From: To:	Travel Arrangements	Plane	<input type="checkbox"/>
			Car	<input type="checkbox"/>
			Train or Bus	<input type="checkbox"/>
Are you currently receiving, or have you applied to receive financial assistance towards accommodation or travel costs from another Department or Organization such as Income Assistance?			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
Do you have private insurance that will provide travel and/or accommodation assistance?			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
Have you been <u>pre-approved</u> by the Department of Health to travel out of province to obtain insured health services unavailable in Nova Scotia?			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
CLAIM SUMMARY		AMOUNT	FOR DHW USE ONLY	
Patient Travel Claims		\$		
Accommodation Claims (Patient and Escort)		\$		
Escort Travel Claims		\$		
TOTAL EXPENSES		\$		
I hereby certify that the expenses claimed are correct and just in all respects and the whole expenditure was incurred as a result of obtaining <u>pre-approved</u> , insured health services unavailable in Nova Scotia. I have included the original receipts and boarding pass for all costs for which I am seeking financial assistance. I consent to a Department of Health staff contacting my physician/s and insurance company in order to verify my eligibility for this program.				
Prepared By:		Phone	Date (mm/dd/yy)	
Signature of Claimant/Representative:		Print Name	Date (mm/dd/yy)	