



# REQUEST FOR NON-LOCAL MEDICAL TRANSPORTATION ASSISTANCE

CASE NUMBER	SR NUMBER
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The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to the ministry.

**Please complete this form and, if possible, return it to our office  
a minimum of 7 business days before your date of appointment.**

## PART 1 - PATIENT INFORMATION

APPLICANT	LAST NAME	FIRST NAME	TELEPHONE
PATIENT	LAST NAME	FIRST NAME	TELEPHONE

## PART 2 - MEDICAL APPOINTMENT INFORMATION

APPOINTMENT DETAILS (INCLUDE DATE, TIME AND LOCATION FOR ALL RELATED APPOINTMENTS)

SPECIALIST/HOSPITAL/SPECIALTY CLINIC NAME

TELEPHONE

REFERRING MEDICAL/NURSE PRACTITIONER

TELEPHONE

Medically required escorts must be validated with a written note/letter from physician or identified on the Travel Assistance Program (TAP) form. For more information on TAP, visit [http://www.health.gov.bc.ca/tapbc/tap\\_patient.html](http://www.health.gov.bc.ca/tapbc/tap_patient.html).

MEDICAL ESCORT REQUIRED	TYPE OF VALIDATION PROVIDED	TAP CONFIRMATION #
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Physician Note <input type="checkbox"/> TAP Form completed	

## PART 3 - TRAVEL INFORMATION

### Travel Details

DEPARTURE DATE	RETURN DATE	LOCATION YOU ARE TRAVELLING FROM
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Are you able to contribute to the cost of this medical transportation?  Yes  No If yes, how much?

If no, have you considered the following options to assist with your medical transportation cost?

Family/Friends  Yes  No Volunteer Agencies  Yes  No

### Accommodation

Do you require overnight accommodation?	If Yes, please identify which accommodation:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Family/Friends <input type="checkbox"/> Other

Have accommodation arrangements already been made/booked? If so, provide details:

Are any special needs arrangements necessary? (EG: Wheelchair accesible room, etc.) If so, provide details:

Method of Payment  Direct Deposit  Cheque Mailed  Cheque Pick Up in Office

### Transportation

What mode of transportation will you require?  Personal Vehicle  Air  Bus

PREFERRED DEPARTURE DATES AND TIMES (BUS TRAVEL ONLY)	NAME OF BUS COMPANY (IF REQUIRED)
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## PART 4 - DECLARATION (please read and sign)

I declare that all information I have provided is true and complete. I understand that the accuracy of the information I provide may be checked by comparing it against information held by other governments, public bodies, private agencies and individuals. The BC government may verify and obtain information to confirm my eligibility or the eligibility of my dependents.

APPLICANT SIGNATURE	DATE SIGNED
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## MEDICAL TRANSPORTATION INFORMATION CHECKLIST - FOR CLIENTS

Under the BC Employment and Assistance Program, a medical transportation supplement can be provided for persons facing extraordinary travel costs associated with essential medical treatment. This supplement is available when no other financial resources are available to cover the cost.

Essential medical treatments are non-emergency, insured medical services covered by Medical Services Plan (MSP) or the *Hospital Insurance Act*.

The purpose of this checklist is to provide you with information on the procedures which must be followed to help determine your eligibility for a medical transportation supplement.

### Local Non-Emergency Medical Transportation

If the essential medical treatment is provided locally and you require a medical transportation supplement, you must:

- Explore all options and resources (i.e. family, voluntary agencies).
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  - ⌞ Confirmation that the medical treatment is covered by MSP or the *Hospital Insurance Act*.
  - ⌞ Number of appointments per week necessary for the treatment.
  - ⌞ Expected duration of the treatment.
  - ⌞ Specify whether an escort is medically required or not required. (only eligible if accompanying a patient who is 18 years of age and under or who is incapable of travelling independently due to medical reason)
  - ⌞ Specific reason why you are unable to use public transportation, if you require a taxi on an ongoing basis.

### Non-Local Non-Emergency Medical Transportation

If the essential medical treatment is provided outside your home community and you require a medical transportation supplement, you must:

- Explore all options and resources (i.e. family, voluntary agencies).
- Request a written verification with the same information listed above or the Travel Assistance Program (TAP) form from your physician. TAP is a program developed by the Ministry of Health Services with participating transportation partners to provide travel assistance to eligible BC residents who are required to travel outside their home community to obtain non-emergency, physician-referred specialist medical care. For more information about the program, go to [http://www.health.gov.bc.ca/msp/mtapp/tap\\_patient.html](http://www.health.gov.bc.ca/msp/mtapp/tap_patient.html).
- If a TAP form is required, submit a copy of the TAP form with confirmation number.
- Please consult with your local office to determine which document (a written verification or a TAP form) is required.
- Fill out and submit a Non-Local Medical Transportation Request form (HR3320).
- If you must return to the specialist, hospital or specialty service as part of the same course of treatment, the destination specialist's office or specialty service can complete and sign or stamp another TAP form. A new TAP form should be issued for each subsequent visit at the time the next appointment is made and a copy should be submitted to the ministry.

Your eligibility for a medical transportation supplement will be assessed once all requested information is provided and all other resources have been considered. The most affordable option will be considered.

Failure to provide the necessary information required to determine your eligibility may result in delays processing your request.

This ministry may verify the information provided and perform post audit verification to confirm that the funding was used for its intended purpose.