



The personal information on this form is collected for the purpose of providing At Home Program benefits in accordance with the Supply Act under the authority of Section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA). Questions about the collection, use or disclosure of this information should be directed to the Medical Benefits Community Liaison/Quality Assurance Officer, toll free at 1-888- 613-3232, PO Box 9763 Stn Prov Govt, Victoria BC V8W 9S5.

Please see second page for instructions on completing this form

Section 1 Parent/Guardian Information

Form with fields: Last Name, First Name, Middle Initial(s), Phone Number, Mailing Address, City/Town, Postal Code

Section 2 Child Information

Form with fields: Child's Full Name, Date of Birth (yyyy-mmm-dd), Personal Health Number

Table with 4 columns: Date of Purchase (yyyy-mmm-dd), Description of Expense, Receipts Attached (Y/N checkboxes), Amount

Total Expense Claim: []

I certify that these expenses were incurred on behalf of the child named above and that I will not be reimbursed by any other party. Signature of Parent/Guardian, Date Signed (yyyy-mmm-dd)

Email, Mail, or Fax Completed Form with Receipts Attached To: Medical Benefits Ministry of Children and Family Development Po Box 9763 Stn Prov Govt Victoria BC V8W 9S5 Email: MCF.MedicalBenefitsProgram@gov.bc.ca Fax: 250-356-2159 Toll Free: 1-888-613-3232 or in Greater Victoria 250-356-6805

To Be Completed by Ministry Only

To be completed by Medical Benefits. OCG Supplier Number, Order Number, Invoice Number, Total

How to use this Reimbursement Form

Reimbursement forms must be submitted for payment within six months of the date of travel/ service. Reimbursement forms received after six months will not be accepted.

Medical Transportation

The At Home Program medical transportation benefit is intended to assist parents with extraordinary travel costs which are directly related to the child's support needs.

Non-Emergency Medical Transportation Local Area:

Parents may request reimbursement for non-emergency travel for specialized medical assessment or treatment if the trips are frequent, and in excess of 80 kms per round trip. This travel must be pre-approved by submitting the physician's confirmation of the appointments to the Medical Benefits Branch.

Non-Emergency Medical Transportation Outside Local Area:

Parents may request reimbursement for non-emergency travel in excess of 80 km for specialized medical assessment or treatment outside their community. This travel must be pre-approved by submitting the physician's confirmation of the appointments to the Medical Benefits Branch.

Reimbursement Rates

Mileage at the BC Government travel reimbursement rate, \$0.63 per km (effective April 1, 2024), for a private vehicle
Accommodation \$150.00 per night maximum hotel or \$15.00 per night when staying with friends or relatives

Parking/ Toll Costs

Ferry, airline, bus and train fare

Receipts Must Be Attached to the Reimbursement Request

Medical Supplies and Products

Parents may request reimbursement for approved medical supplies purchased while travelling or while waiting for product delivery. Requests for reimbursements will only be accepted for supplies which were pre-approved by the Medical Benefits Branch. Original receipts must be attached to this form. In most cases, the Medical Benefits Program arranges for the delivery of approved medical supplies through the Product Distribution Centre at no cost to the family. Contact the Medical Benefits Branch for further information about how to request medical supplies.

Do Not Use This Form For:

Pharmacare Sponsored Items

These include prescription drugs, some orthotic devices, and some limited medical supplies. **do not** submit reimbursement claim for these items. Present your child's Care Card at your nearest pharmacy to receive these benefits free of charge. If you are uncertain as to whether or not the item is a Pharmacare benefit, please contact Pharmacare/ Pharmanet Hotline in Victoria at (250) 952-2866, or in Vancouver at (604) 682-6849 or toll-free elsewhere in B.C. at 1-800-554-0250.

Ambulance Service Fees

This includes bills for emergency trips provided by B.C. Ambulance Services. You should not submit these bills for reimbursement, as there is no charge to you. If such a bill is received, please call the B.C. Ambulance Service at the number listed on the bill and advise them that your child is a child in care, or on the At Home Program. They will cancel the charge automatically.

Before you submit your reimbursement, please ensure that all necessary documentation and receipts have been included with each claim. Omissions will result in reimbursement delays.

Attach Receipts and Keep a Copy of All Documents For Your Records
Contact the Medical Benefits Branch for assistance with completing this form
Phone: within Victoria (250) 387-9649 or toll-free: 1-888-613-3232
Email: MCF.MedicalBenefitsProgram@gov.bc.ca
Fax: 250-356-2159