



HOW TO SUBMIT THIS APPLICATION

This completed form with any attachments must be submitted via the secure upload tool located at: https://www.health.gov.bc.ca/exforms/rural/submit.html or by Fax: 250 952-3486

Form with fields: PRACTITIONER NAME, TELEPHONE NUMBER, MSP PRACTITIONER #, PAYMENT #, ADDRESS, CITY, PROVINCE, POSTAL CODE, COMMUNITY, EMAIL ADDRESS, ARE YOU RECEIVING FUNDING FOR TRAVEL EXPENSE / TIME FROM ANY OTHER SOURCE FOR THIS VISIT?, IF YES, FROM WHERE?, PRIMARY REASON FOR THIS TRIP (MAiD Assessment, MAiD Provision, MAiD Visiting Mentor)

\*\* TRAVEL TIMES AND DATES MUST BE INDICATED IN FULL \*\*

TRAVEL DETAILS

Table with columns: DATE OF TRAVEL, HOME -> COMMUNITY (TIME LEFT, TIME ARRIVED), COMMUNITY -> HOME (TIME LEFT, TIME ARRIVED). Includes checkboxes for MAiD Travel without pharmacy and MAiD Provision that involved travel to pick-up and return drugs from/to a pharmacy.

If travel to pick-up and return MAiD drugs to/from a pharmacy was different than outlined in the table above, please provide details below for consideration. Attach separate sheet if necessary.

TRAVEL REIMBURSEMENT CLAIM \*\* Copies of receipts are required

Table with 2 columns: Description (Air Travel, Vehicle Travel, Ferry Costs, Misc (itemized)), Amount (\$)

ACCOMMODATION

According to government rates - see Accommodation Expenses on page 2

Table with 2 columns: Hotel (nights X \$ /per night), Amount (\$)

MEALS ALLOWANCE

Table with 4 columns: Meal Type, Rate, X, Amount (\$). Rows include Breakfast, Lunch, Dinner, Breakfast and Lunch, Breakfast and Dinner, Lunch and Dinner, Breakfast, Lunch and Dinner, Incidentals.

FOR MSP USE ONLY

Form with fields: ADJ. CODE, \$, INITIATED BY, DATE

Return Claim forms online:

https://www.health.gov.bc.ca/exforms/rural/submit.html or by Fax: 250 952-3486

Medical Assistance in Dying Travel and Training Assistance Program (MAiDTTAP) Phone: 250 952-2754 or 888-952-2754

TOTAL EXPENSE CLAIM \$

# MAiDTTAP TRAVEL EXPENSE SUMMARY

## EXPENSE CLAIMS ARE FOR PHYSICIAN'S TRAVEL ONLY

Expenses must be paid directly when incurred and then claimed for reimbursement.

**\*\*NEW\*\* ORIGINAL RECEIPTS ARE NO LONGER REQUIRED FOR THIS PROGRAM - Please submit copied receipts by fax or Secure Document etransfer at: <https://www.health.gov.bc.ca/exforms/rural/submit.html>**

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|--------------------------------------|--|
| <b>AIR TRAVEL EXPENSES</b>           | Air travel is to be used only <b>where other, less expensive forms of transportation are not possible</b> or reasonable for the particular trip. Where air travel is required, <b>the most economical airfare shall be obtained</b> . Travel agent fees will be accepted at a rate of 4 percent.   |
| <b>FERRY TRAVEL EXPENSES</b>         | Claims for the full cost of ferry travel will be reimbursed. Staterooms are not an allowable expense, except when required for overnight accommodation.  |
| <b>VEHICLE EXPENSES</b>              | Reimbursement will be made at 55¢ per kilometre for private vehicle mileage incurred while travelling to and from the community and while on business in the community (this includes the cost of gas).  |
| <b>RENTAL CAR EXPENSES</b>           | Reimbursement will be made for rental cars only when it is required for transportation for the specialist or family medicine physicians to provide approved services in more than one community or when the physician is required to fly into a neighboring community due to no airport in the community where the services are to be provided.  |
| <b>TAXI EXPENSES</b>                 | Taxi charges will be reimbursed for transportation within the community while on business.   |
| <b>PARKING EXPENSES</b>              | Parking charges will be reimbursed when driving a private, lease or rental vehicle.  |
| <b>BUSINESS TELEPHONE CALLS</b>      | The cost of business-related telephone calls incurred while travelling will be reimbursed. (e.g. Charges on hotel bills, home/business telephone bills, etc.). Personal telephone calls will <b>not</b> be separately reimbursed since an allowance for them is included in the per diem entitlement.  |
| <b>ACCOMMODATION EXPENSES</b>        | Reimbursement for overnight accommodation will be paid by Rural Programs according to the approved list of accommodations offering government rates. Please refer to the web site for a listing of approved accommodations offering government rates: <a href="http://csa.pss.gov.bc.ca/businesstravel/">http://csa.pss.gov.bc.ca/businesstravel/</a> For a comprehensive guide to accommodation policy and procedure, please see the <a href="#">NITOAP Accommodation Guide</a> . For any questions about your accommodation, please contact us before you travel at 888-952-2754.  |
| <b>MEAL &amp; PER DIEM ALLOWANCE</b> | <p>The current daily per diem of \$49.00 includes meals and an allowance of \$14.00 for incidental expenses. Please refer to the MAiDTTAP Application for Expenses for the applicable amount that may be claimed when you are on travel status during a mealtime. The amount for incidentals is payable for a full or partial day and it covers such expenses as gratuities, portage, and personal telephone.</p> <p>Breakfast may only be claimed when on travel status before 7:00 a.m.<br/>Dinner may only be claimed when on travel status after 6:00 p.m.<br/>Any meal provided at no cost shall not be claimed.<br/>No receipt is required to claim allowance for meals and incidentals.</p> |
| <b>TRAVEL TIME ALLOWANCE</b>         | Travel time is calculated from the time the physician leaves his/her residence/office to the time he/she arrives in the community and from the time he/she leaves the community to the time he/she returns home (including travel time to pick-up and return MAiD drugs to a pharmacy, if applicable), to a maximum of \$1500.00 per return trip. Travel time will be reimbursed as follows: Greater than 30 minutes to 2.5 hours - \$250.00, 2.5 to 4 hours - \$500.00, 4 to 10 hours - \$1000.00, and over 10 hours - \$1500.00 (maximum). Travel rates are effective November 2017.   |
| <b>EXPENSE REIMBURSEMENT</b>         | All expenses should be summarized on a Claim Form, and submitted to the Ministry via fax or secure document etransfer. Copies of receipts are required, but originals are no longer necessary. Claims must be submitted prior to June 30 for the previous fiscal year.   |

***For further information in regard to expense reimbursement for travel please consult Rural Programs, Physician Compensation Branch, Ministry of Health, at 888 952-2754 or at [HLTH.ruralprograms@gov.bc.ca](mailto:HLTH.ruralprograms@gov.bc.ca). Please do not send your private documents via email.***

The information on this form is collected under s.26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to place locum physicians as needed and to ensure continuous care for rural communities. If you have any questions about the collection and use of this information, please contact the Rural Practice Programs at 250 952-2754.