

TRANSPORTATION ALLOWANCE FORM For an elective appointment

Medical record No.: _____ RAMQ No.: _____
 Full name: _____
 Address: _____ Postal code: _____
 Telephone: _____ Date of birth: _____

*****An inadequately identified form will lead to delays in the processing of the request*****

SPECIFY THE FACILITY

Lower North Shore 740470	Fermont 740441	Haute-Côte-Nord 740437	Manicouagan 740430	Minganie 740450	Port-Cartier 740460	Port-Menier 740451	Schefferville 740442	Sept-Îles 740480
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1. SECTION OF THE ATTENDING PHYSICIAN

Specialty: _____ Name of the specialist: _____

Destination establishment: _____ Consultation motive: _____

I certify that the required services are not available in the region: Yes No

Medically required escort YES Criteria # _____ Initials of the physician _____ To be submitted to the UT Committee NO

Paying agent: CNESST SAAQ Other

Name of the physician: _____

Signature of the attending physician

Licence number

Date

2. AUTHORIZATION OF THE CISSS DE LA CÔTE-NORD

Appointment date: _____	Transportation – Airplane: <input type="checkbox"/>	(6615)
Authorized city: _____	Taxi, bus, ferry, train: <input type="checkbox"/>	(6617)
Purchase order No.: _____	Personal car: <input type="checkbox"/>	(6623)
Number of kilometres (round trip): _____	Accommodation and meals: <input type="checkbox"/>	(6625)
Number of nights: _____	Round trip in public transit: <input type="checkbox"/>	(6633)
Escort: <input type="checkbox"/>	Accommodation and meals (escort): <input type="checkbox"/>	(6627)
	Airplane, taxi, bus, ferry, train (escort): <input type="checkbox"/>	(6621)

ACCEPTED REFUSED

Total:

Provider number: _____

Signature of the authorized person

Date

This section must be completed
by the Finance department

3. CONFIRMATION OF THE CARE RECEIVED

Signature of the specialist: _____

Licence No.: _____ Date: _____

Hospitalization: Yes No

Stay from: _____ to _____

Self-inked stamp

Please keep a copy of your form, because you will not receive any additional document or reimbursement summary for your income tax return.

THE TRANSPORTATION ALLOWANCE FORM
Has your physician referred you to a specialist?

A financial support program is available. Ask your physician or the reception of your territory's facility of the Centre intégré de santé et de services sociaux de la Côte-Nord for more information. You can also call **1 833 838-0001** (Monday to Friday between 8:00 a.m. to 4:00 p.m.).

Send your form within 45 days following your appointment (payment period: 6 weeks):

By mail:

East sector (Port-Cartier, Sept-Îles, Fermont, Minganie, Schefferville)

Centre intégré de santé et de services sociaux de la Côte-Nord
Transport des usagers
1035, promenade des Anciens
Havre-Saint-Pierre (Québec) G0G 1P0

West sector (Haute-Côte-Nord, Manicouagan)

Centre intégré de santé et de services sociaux de la Côte-Nord
Transport des usagers
835, boulevard Jolliet
Baie-Comeau (Québec) G5C 1P5

By email: 09.transport.usager@ssss.gouv.qc.ca

CRITERIA:

- Provide the signature of the attending physician or attach the copy of the consultation request.
- In the case of a medical follow-up, the attending physician does not have to sign the attending physician section.
- The service must be **covered by the RAMQ**.
- The service must be received at the location nearest to your living environment.
- Have the form authorized **BEFORE your departure**; a 48-hour notice is required (section 2).
- Provide the signature of the specialist you consulted (section 3).

FINANCIAL SUPPORT FOR TRANSPORTATION OF OVER 200 KM

REIMBURSEMENT			
TRANSPORTATION COSTS	Personal car	\$0.21 per km, based on the ministerial policy in effect ¹	
	Public transit (bus, ferry, train)	Reimbursement of the ticket cost with supporting document \$29 will be added for a round trip in public transit	
	Airplane (isolated areas ²)	Reimbursement of the lowest fare (agency costs paid by the user) \$29 will be added for a round trip in public transit	
ACCOMMODATION AND MEALS	User	\$115,24/night (with supporting document – maximum 2 nights) \$49,35 for a round trip on the same day	
	Escort (requested by the attending physician, based on eligibility criteria)	\$49,35/night (maximum 2 nights) \$49,35 for a round trip on the same day	
SPECIAL CASES Radio-oncology and transplant or Stay of more than 7 days or Hospitalization of a minor user or of a user of full age under legal incapacity	User	\$0.21 per km (no 200 km deductible for oncology)	Reimbursement of the daily accommodation cost, including meals charged in a recognized hostel (with supporting document) or \$230 per week
	Escort		Reimbursement of the daily accommodation cost, including meals charged in a recognized hostel (with supporting document) or \$98.70 per week

¹ The number of kilometres reimbursed is the round-trip distance between the city of the establishment where the user usually receives basic care and services or their home and the establishment where they will receive the required services, minus the 200 km deductible.

² For users living in Port-Menier, between La Romaine and Blanc-Sablon, in Schefferville, in Fermont or in Kawawachikamach.

Direct deposit authorization form

I, _____, authorize the CISSS de la Côte-Nord to deposit the amounts related to the eligible allowance for this transportation into my account.

Name of the account holder: _____

Transit number: _____ Institution number: _____ Account number: _____

Email address (if possible): _____

Signature of the user: _____

***** ATTACH A VOID CHEQUE *****

Please keep a copy of your form, because you will not receive any additional document or reimbursement summary for your income tax return.