



## OUT OF PROVINCE TRAVEL AND ACCOMMODATION COST ASSISTANCE CLAIM FORM

<b>DHW OFFICE USE ONLY</b>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Approval expiry: _____	KMs rate: _____
KMs: _____	Travel (\$): _____	Accommodation (\$): _____	Escort Travel (\$): _____
			<b>Total:</b> _____

Note: This form MUST be completed in its ENTIRETY, or it will not be processed

### Personal information

Surname (last name): \_\_\_\_\_ Given name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Nova Scotia Health Card Number: \_\_\_\_\_  
(YYYY-MM-DD)

### Current home address

Number Street Apt. City Prov/Terr Postal code

### Mailing address (if different from current home address)

Number Street Apt. City Prov/Terr Postal code

Email address: \_\_\_\_\_ Telephone number: \_\_\_\_\_

### Travel details

Travelled dates from \_\_\_\_\_ to \_\_\_\_\_  
(YYYY-MM-DD) (YYYY-MM-DD)

Traveled by: ☐ Plane, Bus or Train ☐ Personal Vehicle

Please check Yes or No for each question below.

	Yes	No
Are you currently getting or trying to get help with your accommodation or travel expenses from another department or organization, like Income Assistance? If yes, provide the amount: _____		
Do you have any private insurance that helps with travel or accommodation?		
Has the Department of Health and Wellness given you a pre-approval to travel out of Nova Scotia to get health services that aren't available here?		

### Claim summary (Canadian Dollars)

Patient Travel Amount: \_\_\_\_\_ Escort Travel Amount: \_\_\_\_\_ Accommodation Amount: \_\_\_\_\_ Total: \_\_\_\_\_

I hereby certify that the expenses claimed are correct and the costs incurred as a result of getting pre-approved, insured health services not available in Nova Scotia. I have included the receipts and boarding passes for all costs I am seeking financial assistance. I consent to the Department of Health and Wellness staff to contact my physician/s and insurance company to verify my eligibility for this program.

\_\_\_\_\_  
Name of applicant (current legal name in full)

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date (YYYY-MM-DD)

Parent or Legal Guardian – Complete when applying on behalf of a child/minor.

\_\_\_\_\_  
Name of parent/guardian (current legal name in full)

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date (YYYY-MM-DD)

Email: [Benefit.eligibility@novascotia.ca](mailto:Benefit.eligibility@novascotia.ca)

Fax: 902-424-2198

Mail: Nova Scotia Department of Health & Wellness  
Benefit Eligibility; P.O. Box 488  
Halifax, NS B3J 2R8

The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.

## Transportation and accommodation cost assistance rates

Transportation fare	Residents may claim up to <b>\$600.00 CAD one-way, or \$1,200 CAD per round trip</b> , toward transportation by bus, plane, or train for each pre-approved trip. Residents may claim up to the same amount for one pre-approved Escort (the person to accompany the resident). Proof of purchase and official documents (i.e., boarding passes) are required.
Kilometrage rate for travel using a personal vehicle	Residents may claim the government's regular Kilometrage rate in effect on the date of departure from Nova Scotia for each pre-approved trip. Escorts (the person to accompany the resident) cannot claim Kilometrage for travel. Kilometrage is based on the most direct route of travel between the Resident's Nova Scotia Civic address and the approved medical facility. Government Kilometrage rate: <a href="https://beta.novascotia.ca/documents/reimbursement-rates-and-transportation-allowances-employees-government-and-public-sector-bodies">https://beta.novascotia.ca/documents/reimbursement-rates-and-transportation-allowances-employees-government-and-public-sector-bodies</a>
Accommodation	Up to <b>\$230.00 CAD per night with a maximum of \$2,760.00 CAD</b> , for accommodations with a registered provider, for each pre-approved trip.  Up to <b>\$3,000.00 CAD per month</b> , for accommodation with a registered provider, for each month the Resident is pre-approved to relocate outside Nova Scotia.  Excludes claims for non-registered accommodations (e.g., private residences, stays with family, and friends) and accommodations located within Nova Scotia. Escorts (the person to accompany the resident) are expected to share the same accommodations as Residents, and this cost may be claimed when Residents are admitted to the hospital as in-patients.
Declaration of other sources of cost assistance	Residents must declare any cost assistance they are eligible to receive for medical travel and/or accommodations from a federal or provincial government department or agency, Nova Scotia Health or the IWK Health Centre.  The Department of Health and Wellness may provide cost assistance when the amounts received by Residents, and Escorts if applicable, do not exceed the Out of Province Travel and Accommodation Cost Assistance policy.

**Note:** Departure and arrival dates for travel must align with the date(s) and schedules for approved medical services.

### The following costs are not eligible for reimbursement:

- Airline fees, including but not limited to, seat selection, changing/cancelling flights, baggage, and booking fees.
- Other transportation fees, including but not limited to taxi, car rental, subway fare, highway and bridge tolls, and parking.
- Accommodations in Nova Scotia and other accommodation fees, including but not limited to damage deposits, key deposits, cleaning fees, charges for extra guests, room service/meals, and booking fees.
- Accommodations using non-commercial, private or non-registered rental property. Cost of electricity, heat, phone and other utilities.
- Travel or private health insurance.
- Food, meals and any other incidental living costs.

If you have any questions, please contact us at:  
Tel: (902) 424-7538; 1-877-449-5476 toll-free in Canada  
Email: [Benefit.Eligibility@novascotia.ca](mailto:Benefit.Eligibility@novascotia.ca)