



# Southern Interior Health & Welfare Plan

## Medical Travel Allowance Referral and Claim Form

Return completed form to:  
Priority Mailing Address:

Southern Interior Health and Welfare Plan, c/o Pacific Blue Cross\*  
PO Box 7000, VANCOUVER BC V6B 4E1  
Tel: 1 - 888 - 275 - 4672 • 604 - 419 - 2600

<b>PART 1 - TO BE COMPLETED BY EMPLOYEE</b>	<b>ENCLOSE ALL ORIGINAL RECEIPTS</b>
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Company Name & Address		Member's Name (Last) _____ (First) _____	Address _____ _____ _____
Group Number	Member's Identity Number		Phone # _____
Patient's Name (Last) _____ (First) _____		Dependent Number _____ Date of Birth _____ D/M/Y	

**CLAIM FOR TRAVEL EXPENSES (Airfare, etc. - in the case of automobile, please show mileage x 30¢/km.)**

From	To	Amount Claimed
_____	_____	_____
_____	_____	_____
_____	_____	_____

**CLAIM FOR ACCOMMODATION EXPENSES (You must provide receipts for all accommodation expenses)**

Name of Accommodation	Location	# Days	Amount Claimed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Amount Claimed** \_\_\_\_\_

**PART 2 - REFERRAL (MEDICAL SPECIALIST) TO BE COMPLETED BY REFERRING PHYSICIAN**

Patient's Name _____	Referred to Medical Specialist (** see Part 3) Dr. _____
Location _____	Specialty: _____
Reason for Referral _____ _____	Referral Date _____ Appointment Date _____ D/M/Y D/M/Y

Attendant/Escort required: Yes  No

Reason(s) Attendant/Escort required: \_\_\_\_\_

If there is more than 2 months between the referral date and appointment date please explain why: \_\_\_\_\_  
\_\_\_\_\_

Reason for referral outside Regional Services Area: Services not available  To expedite services  Physician Preference   
Other Reason: \_\_\_\_\_

Referring Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 3 - TO BE COMPLETED BY THE MEDICAL SPECIALIST specified in Part 2\*\***

I confirm that the above noted patient has attended the appointment as referred.

Specialist Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that expenses payable under the WCB Act or by MSP of BC, ICBC or other sources are not eligible for reimbursement and I certify that the reimbursement I am seeking is related to the medical appointment referred to above.

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

*See explanation of terms and conditions on back of form ...*

## MEDICAL TRAVEL ALLOWANCE

This benefit is intended to provide a medical travel allowance for **necessary medical travel** from remote areas when members or their dependents are referred by their attending physician to Medical Specialists in B.C. or, where applicable, in Alberta to the nearest site of available service and where the **travel is in excess of 500 km on a round trip basis from the site of their employment.**

“**Medical Specialists**” as defined in the Plan are persons duly licensed and registered as specialists in the practice of medicine. For instance, an oncologist or orthopedic surgeon is a “Medical Specialist” for purposes of the Plan, but not dentists, nurses, chiropractors, physiotherapists, technicians and so on, no matter how "specialized" their work is.

### Maximum Allowance

Effective January 1, 2014, the maximum allowance payable on behalf of any member or dependent is \$1,000 in any calendar year.

### Expenses Covered

Eligible Expenses include the following:

- regularly-scheduled economy class air fare
- reasonable hotel accommodation (based on the reasonableness of the member or dependent being unable to return home on the day of the referral). Due to Canada Revenue Agency regulations, accommodation expense can only be reimbursed on submission of a hotel receipt. No “per diem” in lieu of hotel receipt can be recognized.
- taxi fares (including bus fare or other reasonable public transportation)
- travel by private automobile at 30¢ per kilometer including ferry fares and highway tolls if applicable; OR travel by public transport (e.g. inter-city bus); NEITHER of which may exceed the equivalent regularly-scheduled economy air fare
- transportation of an attendant for the patient being transported when ordered by the physician.

### Some Conditions That Apply To Medical Travel Allowance

1. All medical referrals must be in writing on the approved form.
2. The travel (subject to this benefit) must take place within two months of the physician’s referral unless the earliest possible date of availability of the Specialist is beyond two months from the date of the referral.
3. A claim form (which includes the original medical referral) together with the original receipts must be filed by the member within 90 days of the date eligible expenses are incurred.
4. Expenses which are payable under the Workers Compensation Act or by the Medical Services Plan of B.C., the Insurance Corporation of B.C. or any other government agency or insurance plan will not be eligible for reimbursement from this Plan.
5. Medical Travel is applicable for travel in excess of 500 kilometers on a round trip basis **to the closest location where the specialist medical service is available.** However, if the required Medical Specialist service is available within the 500 kilometer round trip area but the same service is available outside the area at an earlier date and it is proven to the satisfaction of the Trustees that the service was necessary medically at the earlier date, eligible expenses of such referral may be payable under this Plan.

### How Do You Submit A Claim?

A claim should be submitted using the Plan’s **Medical Travel Allowance Referral And Claim Form.** The completed form together with the original of all receipts should be sent to:

**Southern Interior Health and Welfare Plan  
c/o Pacific Blue Cross  
P.O. Box 7000,  
Vancouver, BC  
V6B 4E1**

### Other Assistance

Other assistance may be available to you in the form of travel cost discounts through the Medical Services Plan **Travel Assistance Program (TAP).** Further information about TAP may be obtained by calling **1-800-661-2668.**