



Form with fields: NAME, TELEPHONE NUMBER, PRACTITIONER #, PAYMENT #, ADDRESS, CITY, PROVINCE, POSTAL CODE, VISITING THE COMMUNITY(S) OF, SPECIALTY

** TRAVEL TIMES, DATES & NUMBER OF PATIENTS MUST BE INDICATED IN FULL **

PHYSICIANS VISITING ONLY ONE COMMUNITY, PLEASE COMPLETE THIS SECTION

Table with columns: COMMUNITY, DATE OF VISIT, HOME -> COMMUNITY TIME LEFT, HOME -> COMMUNITY TIME ARRIVED, COMMUNITY -> HOME TIME LEFT, COMMUNITY -> HOME TIME ARRIVED

PHYSICIANS VISITING MORE THAN ONE COMMUNITY, PLEASE COMPLETE THIS SECTION

Table with columns: COMMUNITIES, DATE OF VISIT, HOME -> COMMUNITY TIME LEFT, HOME -> COMMUNITY TIME ARRIVED, COMMUNITY -> HOME TIME LEFT, COMMUNITY -> HOME TIME ARRIVED

PATIENT CONTACT DATA

Table with columns: COMMUNITY, FOLLOW-UP VISITS, NEW CONSULTS, TOTAL PATIENTS SEEN

** Original receipts required

TRAVEL REIMBURSEMENT CLAIM

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

ACCOMMODATION

\$70.00, plus tax - May 1 to Sep 30; \$65.00, plus tax - Oct 1 to Apr 30

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

MEALS ALLOWANCE

- Breakfast may only be claimed when on travel status at 7:00 a.m. or before
• Dinner may only be claimed when on travel status at 6:00 p.m. or after
• Any meal provided at no cost shall not be claimed
• If no meal is claimed, you may claim \$14.00 for incidentals

Table with 4 columns: Meal Type, Amount, X, Amount (\$)

TOTAL EXPENSE CLAIM \$

TRAVEL TIME CLAIM \$ (Will be automatically calculated)

FOR MSP USE ONLY

Form with fields: ADJ. CODE N1, ADJ. CODE N2, INITIATED BY, DATE, VERIFIED BY, DATE, APPROVED BY (SPENDING AUTHORITY), DATE, COMPLETED BY, DATE

Return Claim form to: NITAOP Program 2-1, 1515 Blanshard Street Victoria BC V8W 3C8 Phone: 250 952-2654 Fax: 250 952-3486

NITAOP TRAVEL EXPENSE SUMMARY

Expenses must be paid directly when incurred and then claimed for reimbursement. **ORIGINAL RECEIPTS MUST BE SUBMITTED.**

- AIR TRAVEL EXPENSES** Air travel is to be used only where other, less expensive forms of transportation are not possible or reasonable for the particular trip. Where air travel is required, the most economical airfare shall be obtained. Travel agent fees will be accepted at a rate of 4 percent. **Original Receipts Are Required.**
- FERRY TRAVEL EXPENSES** Claims for the full cost of ferry travel will be reimbursed. Staterooms are not an allowable expense, except when required for overnight accommodation. **Original Receipts Are Required.**
- VEHICLE EXPENSES** Reimbursement will be made at 46¢ 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).
- RENTAL CAR EXPENSES** 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. **Original Receipts Are Required.**
- TAXI EXPENSES** Taxi charges will be reimbursed for transportation within the community while on business. **Original Receipts Are Required.**
- PARKING EXPENSES** Parking charges will be reimbursed when driving a private, lease or rental vehicle. **Original Receipts Are Required.**
- BUSINESS TELEPHONE CALLS** The cost of business-related telephone calls incurred while travelling will be reimbursed. **Original receipts are required** (e.g. Charges on hotel bills, home/business telephone bills, etc.). Personal telephone calls will **not** be separately reimbursed since an allowance for them is included in the per diem entitlement.
- ACCOMMODATION EXPENSES** Reimbursement for overnight accommodation for the period July 1 to September 30 will not exceed \$70.00, plus tax. For the period October 1 to June 30 reimbursement will not exceed \$65.00, plus tax. **Original Receipts Are Required.**
- MEAL & PER DIEM ALLOWANCE** The current daily per diem of \$46.00 includes meals and an allowance of \$14.00 for incidental expenses. Please refer to the NITAOP 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.
- Breakfast may only be claimed when on travel status at 7:00 a.m.
Dinner may only be claimed when on travel status at 6:00 p.m.
Any meal provided at no cost shall not be claimed.
No receipt is required to claim allowance for meals and incidentals.
- TRAVEL TIME ALLOWANCE** 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, to a maximum of \$1500.00 per return trip. Travel time will be reimbursed as follows: Less than 4 hours - \$500.00, 4 to 10 hours - \$1000.00, and over 10 hours - \$1500.00 (maximum). New travel rates are effective January 1, 2004.
- EXPENSE REIMBURSEMENT** All expenses should be summarized on a Claim Form, and submitted to your Ministry contact person, along with all original receipts. 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 Health Insurance BC (HIBC) at 1 866 456-6950