

YOUR TRAVEL AND PARKING EXPENSES

Claim No _____

Period Covers _____ to _____

Claimant _____

Use this form to claim your expenses from traveling to and from medical appointments

Case Manager _____

For Office Use Only	Travel Date mm/dd/yr	Means of Transportation	Round Trip Distance in km	Parking	\$ Claimed	To and From address of Medical or Treatment Appointment	Purpose of Trip
Code/Adjustment	List each Trip Separately	1. Private Vehicle 2. Bus 3. Airline 4. Taxi (Pre-authorized) 5. Train	Complete for private vehicle only See reverse	See reverse	If traveling by bus, airline, taxi or train complete this column and attach original receipt	i.e., home to doctor to home or work to doctor to home etc. Address must be included	Medical Travel (Med) Victim Escort (VE) Critical Care Attendance (CCA)
EXAMPLE	Jan 24, 2001	1	20 KM	\$2.00		Home, 111 Anywhere St. to Dr. Smith, 6000 Smith St	Med
EXAMPLE	Jan 24, 2001	2			\$ 50.00	Home, 111 Anywhere St. to Dr. Smith, 6000 Smith St	Med
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<u>COMMENTS</u>	Travel will be paid based on current Kilometer rate for date of travel being claimed. - "See reverse for additional instructions." I certify in good faith the information provided is true. Note: Incomplete or unsigned forms will be returned. Current Address: _____ Signature: _____ Date: _____
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Case Management Approval _____	Date _____
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INSTRUCTIONS FOR COMPLETING TRAVEL EXPENSE FORM

- List only travel to and from accident-related health care appointments.
- ***Only one person*** can claim travel if two or more travel in same vehicle.
- List ***each date separately*** and complete with the exact (not estimated) kilometers traveled. Do not use arrows or quotation (“ditto”) marks. Distances will be verified.
- List only the ***excess distances*** traveled as a result of the injury from the motor vehicle accident. For instance, if the doctor is on your route to work, no travel expense is incurred if your appointment time is either on your way to work or on your way home. If your normal trip to work is 5 kilometers and you go off your normal route to the doctor for a total trip of 7 kilometers, the travel expense incurred is 2 kilometers. Contact the Case Manager if further clarification is required.
- Section 20(1) of Reg 40/94 states that claims for travel expenses are limited to a ***maximum distance of 100 KM***, 1-way, unless the necessary care or treatment is not available within 100 KM of where you live.
- List travel expenses ***only for the purposes listed below***.

Purpose of Trip

- 1) ***Medical Treatment*** – appointments with your doctor, physiotherapist or chiropractor etc.
 - 2) ***Victim Escort*** - Where the physical or mental condition or age of a victim requires that he or she be accompanied in order to be able to obtain medical or paramedical care.
 - 3) ***Critical Care Attendance*** – Speak with your case manager regarding eligibility for this coverage.
- Include ***parking*** expenses as follows:
 - a. For meter parking indicate “METER PARKING” on the form, and the amount spent for meter parking (\$4.00 maximum without receipts).
 - b. For other parking costs (parking lot or parkade), please attach receipts.
 - To claim reimbursement for ***Taxi use***, it must be ***pre-authorized*** by the Case Manager and is only available if public or private transportation cannot be used. Attach original receipts if taxi use is approved.
 - **Original receipts are required for reimbursement of airline, private bus transportation, taxi and train expenses.**
 - Each sheet is to be ***signed and dated*** when being submitted.

INCOMPLETE SHEETS WILL BE RETURNED.