

The Northern Health Travel Grant (NHTG) Program helps defray travel related expenses of eligible Northern Ontario residents seeking medical specialist services or procedures at a ministry funded health care facility (e.g. CAT scan). Ministry travel grants are based on the distance to the nearest medical specialist or ministry funded health care facility able to provide the required health care services without a delay that would compromise the patient's health.

**Please consider Telemedicine instead of travel:** Ontario Telemedicine Network (OTN) supports almost every clinical specialty and may be an alternative to having patients travel. The OTN referral form is available on the OTN website ([OTN Referral Form](#))

**Avoid delays – correctly completed applications will avoid delays in the assessment of your application and in your grant payment.** Ensure your most current name and address information have been provided to the Ministry of Health (MOH). If your address information provided on this application does not match your health number records, this application will be used to update your records.

**Please note:**

- Patient must complete and submit a new, separate application for **each** round trip: **Submit your application to:** Ministry of Health 199 Larch Street, Suite 801, Sudbury ON P3E 5R1
- Your NHTG application must be received by the MOH within twelve (12) months from the date of service.
- Requests for re-consideration / re-assessment of applications must be received within twelve (12) months from the date of payment, grant denial or date claim is returned to a client.
- Tickets and/or travel itineraries for travel, showing who traveled, dates of travel, destination round trip and a fare paid, must be provided for travel by air, bus or rail for the patient and/or companion; however, travel itineraries are acceptable if accumulated airline travel credits were used. Do not submit receipts for gas or meals since they are not required at this time and will not be returned. However; receipts should be retained for twelve (12) months should we require proof of travel for audit purposes.
- If several patients / their companions travel together in the same car, only one travel grant will be paid per round trip.
- 100 km will be deducted from the total distance of the trip when calculating the amount of the travel grant.

**Eligibility Criteria for a Patient Travel Grant – Patients must satisfy all of the following:**

1. Must be a resident of Northern Ontario in the districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Thunder Bay or Timiskaming and be an OHIP insured person on the date the service is provided.
2. Must be referred within Ontario or to Manitoba for specialist health care or health care facility-based procedures that are insured services under the *Health Insurance Act*.
3. Must have travelled at least 100 km (one way road distance) to obtain the required service from their area of residence to the location of the nearest medical specialist / health care facility referred to in Ontario or Manitoba.
4. Must be referred, before the travel takes place, by a northern physician, dentist, optometrist, chiropractor, midwife or nurse practitioner and ensure Section 2 of the application is completed.

**Note:** No additional referral is required within a 12 month period from initial referral / service date for travel to the same specialist / facility.

5. Must be referred to: a **medical specialist** who is certified by The Royal College of Physicians and Surgeons of Canada (RCPSC), or a **Winnipeg (Manitoba) physician** enrolled on the **Manitoba Health Specialist Register** and permitted to bill as a specialist. OR must be referred to a physician who holds a specialist certificate of registration issued by the College of Physicians and Surgeons of Ontario (CPSO) in a recognized medical or surgical specialty other than family or general practice, or a ministry funded health care facility. To verify a specialist's RCPSC certification using the internet, go to [www.royalcollege.ca](http://www.royalcollege.ca) and follow instructions. Contact the NHTG Program to find out if a particular health care facility is considered a ministry funded health care facility.
6. Must confirm that travel costs are not covered by another program/organization such as WSIB, NIHB (Non-Insured Health Benefit Program for eligible First Nations, Inuit and Métis people) or private insurance (e.g. third party liability). Contact the NHTG Program for additional details.

**Eligibility for Accommodation Allowance – A patient must meet all of the following criteria** in order to be eligible for the accommodation allowance:

1. The patient meets the travel grant eligibility criteria set out above: #1, 2, 4, 5 and 6.

2. The patient has travelled at least 200 km (one way road distance) to obtain the required OHIP insured service from their area of residence to the location of the nearest medical specialist / health care facility referred to in Ontario or Manitoba.
3. The patient has submitted original accommodation receipts (e.g. official hotel / lodging receipts) to prove a lodging expense was incurred. For patients under 18 years of age, an accommodation / lodging receipt can be in the name of the parent / guardian.

**Note:** Patients may be eligible for additional accommodation allowance if it is necessary to spend more than one lodging night out-of-town in order to access medical specialist services / health care facility-based procedures. Additional accommodation allowance per treatment trip will be determined as follows:

- \$100 per lodging night up to 2 lodging nights
- \$250 for 3 lodging nights
- \$500 for 4-7 lodging nights
- \$550 for 8 or more lodging nights

**Note:** Ministry funded health care facility includes services that are directly and indirectly funded by the MOH.

**Additional Instructions:**

**Section 1: Patient** completes this section in full.

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If the patient is a child under 16 years of age, the child's parent / guardian with custody may complete and sign the form on behalf of the child. If the patient is 16 or older but incapable of consenting on his / her own behalf, a Substitute Decision Maker (SDM) may complete and sign the form on the patient's behalf. SDM's include patient's:

- Guardian who has authority to make a decision on behalf of patient;
- Attorney for Personal Care who has authority to make a decision on behalf of patient;
- Representative appointed by Consent and Capacity Board with authority to give consent;
- Spouse / Partner;
- Child / Parent or children's aid society or other person legally entitled to give / refuse consent;
- Parent with only right of access;
- Brother / sister;
- Other relative.

For more specific information on SDMs, please contact the NHTG Program directly (see Contact Information below).

**Note:** If you have additional information to support reconsideration of your application by the NHTG Internal Review Committee, please forward the information to the NHTG office at:

Northern Health Travel Grant  
Internal Review Committee  
Claims Services Branch  
199 Larch Street, Suite 801  
Sudbury, ON P3E 5R1

If there are exceptional medical circumstances surrounding your treatment trip, please provide a letter of support from your northern referring provider explaining those medical circumstances.

**Section 2: Northern Referring Provider** completes in full. (Physicians use fee code K036)

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**Note:** For Assistive Devices Program (ADP) applications where patient is referred for fitting, adjustments or repairs for ADP approved orthotics and prosthetics, both the following criteria must be met:

- 1) vendor has an ADP authorizer registration number; **and**
- 2) travel is for an approved ADP device.

**Section 3: Specialist / Health Care Facility Service Provider** completes in full. (Physicians use fee code K036)

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**Note:** For services rendered on or after November 1, 2017, medical specialist / health care facility-based procedure / service provider will indicate the number of necessary lodging nights required for the patient to access medical care. [Visit our website below for more information.](#)

#### Section 4 Payment Preference

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This is a **mandatory section** that must be completed to determine the payment preference for Patients/Third Parties and Companions (if applicable). **If this mandatory section is not completed, the payment will be defaulted to a cheque payment.**

#### Section 5 Companion Information (if applicable)

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If applying for a companion grant, **Companion** completes this section in full.

**Eligibility Criteria for a Companion Travel Grant** – Companion grant **may** be paid when all of the following are met:

1. Patient meets above travel grant eligibility criteria.
2. Patient is under 16 years of age on date of service or in the referring provider's professional judgement, patient is unable to travel without a companion. The referring provider must indicate this in Section 2 **prior to the patient's travelling.**
3. Companion must be 16 years of age or older.
4. Companion must travel with the patient and pay a fare if travel is by air, train or bus.

If travel is round trip by automobile, **one half** of the grant may be paid to the patient and the **other half** paid to the companion.

**Section 6:** If patient received advance funding, Third Party Agency (e.g. Canadian Cancer Society, Kidney Foundation) completes.

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**Note:** If any travel costs, including travel grant and / or accommodation allowance, have been covered in advance by an approved Third Party Agency, payment for which a patient is eligible will be made to that Third Party Agency. Contact the NHTG Program for additional details.

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<b>Submit your application to:</b>	<b>Contact Information – NHTG Program:</b>
MOH – NHTG Program 199 Larch Street, Suite 801 Sudbury ON P3E 5R1	Office hours are 8:00 a.m. to 5:00 p.m., Monday to Friday. Closed holidays. For more information, call 1-800-262-6524. Or go to <a href="http://www.health.gov.on.ca/en/public/publications/ohip/northern.aspx">www.health.gov.on.ca/en/public/publications/ohip/northern.aspx</a>

**Notice:** The ministry cannot process your application unless you (and your companion, if applicable) provide the personal information required in sections 1 and 5 of the application. The ministry needs this information for the proper administration of the NHTG Program and will use and may disclose it for the purpose of determining your eligibility and processing your application. If you (and your companion, if applicable) do not consent to the ministry's collection, use and / or disclosure of this information, the ministry cannot process your application. For further information, please contact the Manager, NHTG Program (see above address information) or by phone at 1-800-262-6524.

**Note:** Ministry funded health care facility includes services that are directly and indirectly funded by the MOH.



# Northern Health Travel Grant Application

For Ministry Use Only – Do not write here

Print clearly in block letters. Ensure BOTH sides of this application are completed.

Fields marked with an asterisk (\*) are mandatory.

## Section 1: Patient Information (Refer to instruction sheet for more information)

Last Name		First Name		Health Number
Date of Birth (yyyy/mm/dd)	Home Telephone Number	Work Telephone Number		<b>Fee Code K036</b>

Home Address (Street Number and Street Name) Lot/Conc/Twp.

City/Town	Province	Postal Code
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Mailing Address (if different from above, Box Number, RR Number, site)

City/Town	Province	Postal Code	Response Preferred in <input type="checkbox"/> English <input type="checkbox"/> French
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### Type of Transportation

Automobile (Receipts not required)	<input type="checkbox"/> One Way	<input type="checkbox"/> Round Trip
Commercial Carrier (Require ticket/itinerary showing fare paid)	<input type="checkbox"/> Air	<input type="checkbox"/> Rail <input type="checkbox"/> Bus
Ambulance	<input type="checkbox"/> One Way	<input type="checkbox"/> Round Trip

Number of lodging nights necessary for the patient to access medical care:  1  2  3  4  5  6  7  8+ nights

Are this patient's travel costs eligible for reimbursement from another program/organization?

No  Yes, WSIB  Yes, Private Insurance (e.g. third party liability)  Yes, NIHB- Non-insured Health Benefit Program for eligible First Nations and Inuit people

By completing and signing this application, I consent to the MOH's collection, use and disclosure of the personal health information I have provided on this form for the purpose of processing my application under the NHTG Program including determining my eligibility, auditing compliance and payments made under the program and monitoring, preventing and recovering any unauthorized receipt of any grant paid under the program. I understand that the MOH may use and disclose this information in accordance with the *Personal Health Information Protection Act, 2004*.

I hereby certify that I am the:  Patient  Parent of a patient who is under 16 years of age  SDM of the patient (see instructions)

Signature

## Section 2: Northern Referring Provider Information

Referring Provider's Last Name	Initials	Provider Number	Specialty
Specialist/Facility Referred to	Referring Provider's Telephone Number		
Municipality Referred to	Did you see the patient in Northern Ontario? <input type="checkbox"/> Yes <input type="checkbox"/> No	Referring Provider's Fax Number	

Is this referral to the specialist or facility nearest to the patient's area of residence that is capable of providing the required service?  Yes  No Please explain \_\_\_\_\_

I certify that based on my professional judgement, the patient is **unable to travel without a companion.**  Referring Provider's Signature

I certify that the information provided in this section is correct.

## Section 3: Specialist / Health Care Facility Service Provider Information

Last Name of Specialist/Service Provider	Initials	Professional Designation (if applicable)	Provider Number	Specialty
Name of Hospital/Facility where Service Provided (if applicable)	City/Town Service Provided in			

Is this service for a  Consultation  Procedure  Surgery  Follow Up Visit  Other **Date of Service (yyyy/mm/dd)**

Consultation  Procedure  Surgery  Follow Up Visit  Other

Is this medical service for an OHIP insured service?  No  Yes

Is this service WSIB related?  No  Yes

Is this medical service for an ADP approved device?  No  Yes (provide ADP Vendor Number) \_\_\_\_\_

Is this medical service part of the Cleft Lip and Palate Program?  No  Yes (provide Program Number) \_\_\_\_\_

Number of lodging nights necessary for the patient to access medical care:  1  2  3  4  5  6  7  8+ nights

I certify that the information provided in this section is correct.

<b>Specialist / Health Care Facility Service Provider's Signature</b>	<b>Telephone Number</b>	<b>Fax Number</b>
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# Northern Health Travel Grant Application

Print clearly in block letters.

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## Section 4 Payment Preference \*

NHTG grant payments are delivered more efficiently using direct deposit of funds to your bank account. If you choose to receive your grant payment via direct deposit, you must submit a **Payroll Direct Deposit Form or Void Cheque** with your grant application.

**Note: If you choose not to receive your grant via direct deposit a cheque will be sent to you by regular mail.**

### Patient and Third-Party Agency Enrolment for Direct Deposit \*

Do you wish to receive your grant via direct deposit to your bank account?  Yes  No

If you selected "Yes" to direct deposit, please include a **Payroll Direct Deposit Form or Void Cheque** with your grant application IF:

- This is the first time you have chosen to receive a grant payment via direct deposit  
**or**
- Your banking information you submitted previously has changed since you received your last grant via direct deposit

### Travel Companion Enrolment for Direct Deposit \*

Do you wish to receive your grant via direct deposit to your bank account?  Yes  No

If you selected "Yes" to direct deposit, please include a **Payroll Direct Deposit Form or Void Cheque** with your grant application.

**COMPANIONS ONLY: Companions interested in receiving their payment via direct deposit MUST submit a NEW Payroll Direct Deposit Form or Void Cheque each time an application is submitted.**

## Section 5 Companion Information (if applicable)

Last Name	First Name
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Same as Patient Address

Mailing Address

City/Town	Province	Postal Code
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### Type of Transportation

Automobile (Receipts not required)  One Way  Round Trip

Commercial Carrier (Require ticket/itinerary showing fare paid)  Air  Rail  Bus

Ambulance  One Way  Round Trip

I hereby certify that I am 16 years of age or older and I accompanied the above-named patient.

The personal information you provide on this form is necessary for the proper administration of the ministry's NHTG Program. The MOH collects and may use and disclose this information for the purposes described in Section 1 above. If you have any questions about this collection, please contact the Manager, NHTG Program at 199 Larch Street, Suite 801 Sudbury ON P3E 5R1 or by phone at 1-800-262-6524

Companion's Signature	Telephone Number
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## Section 6 Advance Funding by Third Party Agency/Society (if applicable)

Name of Society or Agency	Code Number
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Mailing Address

Municipality	Province	Postal Code
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I hereby direct the ministry's NHTG Program to pay my travel grant pertaining to this Northern Health Travel application to the society or agency named above.

Signature of Patient/ Parent/ SDM of the patient (see instructions)	Telephone Number	ext.
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[Print Form Only](#)

[Print Form and Instructions](#)

[Clear Form](#)