

# Health PEI

# Santé Î.-P.-É.

## Out-of-Province Health Services

16 Garfield Street  
 PO Box 2000, Charlottetown  
 Prince Edward Island Canada  
 C1A 7N8

## Affaires médicales

16, rue Garfield  
 C.P.2000, Charlottetown  
 Île-du-Prince-Édouard  
 Canada C1A 7N8

Phone: 902 368 6516

Fax: 902 569 0581

## Travel and Accommodation Expense Claim Form for Transplant Surgeries Outside the Maritime Provinces

Submit to the address above

Resident Name:	Address:	Phone	Personal Health No.:
			SIN:
Physician Name: (PEI)	Address:	Phone:	Speciality:
Physician Name: (OOP)	Address:	Phone:	Speciality:
Travel Dates:	From: To:	Travel Arrangements	Plane <input type="checkbox"/> Private Vehicle <input type="checkbox"/>
Are you currently receiving, or have you applied to receive financial assistance towards accommodation or travel costs from another Department or Organization such as Income Support?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have private insurance that will provide travel and/or accommodation assistance?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been pre-approved by Health PEI to travel out of province to obtain health insured services unavailable in the Maritime Provinces?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>CLAIM SUMMARY</b>	<b>AMOUNT</b>		
Travel Claims	\$		
Accommodation Claims	\$		
<b>TOTAL EXPENSES</b>	<b>\$</b>		
I hereby certify that the expenses claimed herein are correct and just in all aspects and the entire expenditure was incurred as a result of obtaining pre-approved, insured health services unavailable in PEI. I have included the original receipts and boarding pass for all travel costs for which I am seeking financial assistance. I consent to health staff contacting my physician/s and insurance company in order to verify my eligibility for this program.			
Prepared by:	Phone:	Date (mm/dd/yy):	
Signature of Claimant/Representative:	Print Name:	Date (mm/dd/yy):	