

# NORTHERN & ISOLATION TRAVEL ASSISTANCE OUTREACH PROGRAM (NITAOP) APPLICATION FOR EXPENSES

NAME	TELEPHONE NUMBER	PRACTITIONER #		PAYMENT #
ADDRESS	CITY		PROVINCE	POSTAL CODE
VISITING THE COMMUNITY(S) OF	DATE(S) OF VISIT			
EMAIL ADDRESS	SPECIALTY			

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TRAVEL TIMES, DATES & NOWBER OF PATIENTS MOST BE INDICAT					
PHYSICIANS VISITING ONLY ONE COMMUNITY, PLEASE COMPLETE COMMUNITY	DATE OF TRAVEL	HOME → COMMUNITY TIME LEFT   TIME ARRIVED		COMMUNITY → HOME TIME LEFT   TIME ARRIVED	
PHYSICIANS VISITING MORE THAN ONE COMMUNITY, PLEASE COM	PLETE THIS SECTION				
COMMUNITIES	DATE OF TRAVEL	HOME → C	OMMUNITY TIME ARRIVED	COMMUNI TIME LEFT	TY → HOME   TIME ARRIVE
PATIENT CONTACT DATA					
COMMUNITY	FOLLOW-UP VISITS	NEW CO	ONSULTS	TOTAL PAT	TENTS SEEN

### \*\* Original receipts required

TRAVEL REIMBURSEMENT CLAIM

THAT LE TENTO CHILLY OF ANY					
Air Travel **		\$			
Vehicle Travel	# of km X 50¢ (includes cost of gas)	\$			
Ferry Costs **		\$			
Misc (itemized) ** (e.	g. parking, taxi, car rental)	\$			

#### **ACCOMMODATION**

Up to a maximum of \$120.00 plus applicable taxes

Hotel **	nights X \$	/per night	\$

#### **MEALS ALLOWANCE**

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

Breakfast	\$22.00	Χ	\$
Lunch	\$22.00	X	\$
Dinner	\$28.50	X	\$
Breakfast and Lunch	\$30.00	X	\$
Breakfast and Dinner	\$36.50	X	\$
Lunch and Dinner	\$36.50	X	\$
Breakfast, Lunch and Dinner	\$49.00	Х	\$
Incidentals (only if no meals)	\$14.00		\$

TOTAL EXPENSE CLAIM	\$
TOTAL EXPENSE CLAIM	Ф

ADJ. CODE	\$		
INITIATED BY			
DATE			
VERIFIED BY			
DATE			
APPROVED BY (SPE	ENDING AUTHORIT	ΓY)	
DATE			
COMPLETED BY			
DATE			

FOR MSP USE ONLY

\$

ADJ. CODE

Return Claim form to: NITAOP Program 3-2, 1515 Blanshard Street Victoria BC V8W 3C8

Phone: 250 952-2754 Fax: 250 952-3486

## NITAOP TRAVEL EXPENSE SUMMARY

#### EXPENSE CLAIMS ARE FOR PHYSICIAN'S TRAVEL ONLY

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 50¢ 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 will not exceed \$120.00 plus applicable taxes.

Original Receipts Are Required.

MEAL & PER DIEM ALLOWANCE The current daily per diem of \$49.00 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, porterage, and personal telephone.

Breakfast may only be claimed when on travel status before 7:00 a.m.

Dinner may only be claimed when on travel status after 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