

Who is eligible?

- Applicant must have traveled to an out-of-province medical service, be eligible for Health PEI’s Out-of-Province Travel Support Program, and be required to make a number of trips to complete their treatment.

What support is available?

- The same initial subsidy amount for tickets on Maritime Bus Company is available per trip for eligible applicants.

Total Annual Net Household Income Ranges	Bus Ticket Subsidy
\$0 - \$35,000	100%
\$35,001- \$50,000	50%
Greater than \$50,000	0%

How do I apply for multiple trips?

- Complete and submit the Out-of-Province Travel Support Multiple Trips Application Form to receive prior approval for multiple trip subsidies on Maritime Bus.

How do I verify number of trips require?

- You can request this information from your treating Physician.

How do I make a reservation with Maritime Bus?

- Follow the same procedure you did with your first visit by scheduling your own tickets by calling Maritime Bus at 1-800-575-1807. Please be prepared to provide your notice of approval.

Personal Information (please print)

Applicant		Multiple Trips	
Surname		Multiple trips are required to complete treatment?	
First Name	Initial	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Personal Health Number		The estimated number of trips over the next number of months is:	

Date of Birth (yyyy-mm-dd)	Marital Status	I represent the information as noted above and hereby certify it to be correct.	
Is an essential escort requested?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
I have been pre-approved and have traveled out-of-province for elective medical service where multiple trips are required		_____	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Date	Signature

Applicant's Mailing Address

Street/PO Box			Building/Apt Number
City/Town	Province	Postal Code	Telephone Number
Email address			Mobile Number

If Patient is a Child

Surname		Street/PO Box	Apt Number
First Name	Initial	City/Town	
Personal Health Number		Province	Postal Code
Date of Birth (yyyy-mm-dd)		Telephone Number	

Please Note:

Health PEI reserves the right to validate with the treating Physician and/or facility the number of trips required for your out-of-province medical service, and by signing the declaration statement, you agree to this practice.

Should more than 12 months elapse from the original application, copies of your Canada Revenue Agency Notice of Assessment for the tax year immediately preceding the date of this application will be required for both the applicant and spouse (or partner cohabiting with applicants) in order to determine eligibility. Incomplete applications will be returned to applicant for re-submission of all required information. For further information on this program, please call (902) 368-5918 or email: ooptravelsupport@gov.pe.ca.

Personal information on this form is collected under section 31(c) of Prince Edward Island's *Freedom of Information and Protection of Privacy (FOIPP) Act* as it relates directly to and is necessary for providing services under the Out-of-Province Travel Support Program. If you have any questions about this collection of personal information, you may contact the Privacy and Information Access Coordinator at (902) 368-4942.

Declaration And Consent		
<p>I, We, the undersigned hereby permit Health PEI to validate my required number of visits with the treating Physician/and or Facility.</p> <p>I, We, the undersigned, hereby certify that I/We am/are not eligible for nor currently receiving support for travel costs through any other program.</p> <p>I/We, the undersigned, consent to Health PEI contacting other programs to verify my or our eligibility for this Out-of-Province Travel Support Program.</p> <p>I, We, the undersigned, declare that the information provided on this application is true and correct to the best of my/our knowledge.</p> <p>I/We, the undersigned, agree to notify Health PEI's Out-of-Province Travel Support Program regarding any changes to our household income, or any other factor which may affect my eligibility for subsidy.</p> <p>I/We, the undersigned, consent to the Canada Revenue Agency providing Health PEI with information regarding my/our income/s for the tax year immediately preceding the date of this application, for the purposes of verifying my/our incomes and eligibility for the Out-of-Province Travel Support Program.</p>		
Name of Applicant	Signature	Date
Name of Spouse	Signature	Date
<p>Please forward the Multiple Trips Application Form to Health PEI by:</p> <p>Email: ooptravelsupport@gov.pe.ca</p> <p>or Fax: (902) 620-3072</p> <p>or Mail: Attention: Out-of-Province Travel Support Program Medical Affairs and Diagnostic Imaging Health PEI PO Box 2000 Charlottetown, PE C1A 7N8</p> <p>or Online: www.healthpei.ca/ooptravelsupportprogram</p>		<p>For further information:</p> <p>Website: www.healthpei.ca/ooptravelsupportprogram</p> <p>Email: ooptravelsupport@gov.pe.ca</p> <p>Telephone: (902) 368-5918</p>