

APPLICATION FOR REIMBURSEMENT

Before completing this form, refer to the Régie's pamphlet entitled *Healthcare Services Insured Outside Québec*.

FOR OFFICE USE

CHECK THE APPROPRIATE BOX

Healthcare services received:
 in Canada outside Canada

APPLICANT'S IDENTITY

HEALTH INSURANCE NUMBER <small>LETTERS NUMBERS</small>		LAST NAME		LAST NAME (AS APPEARING ON HEALTH INSURANCE CARD)			
		FIRST NAME		DATE OF BIRTH <small>YEAR MONTH DAY</small>		SEX <input type="checkbox"/> M <input type="checkbox"/> F	
1 ADDRESS OF PERMANENT RESIDENCE IN QUÉBEC <small>NO. STREET APT. LOCALITY</small>							
PROVINCE		POSTAL CODE		PHONE NUMBER AT HOME <small>AREA CODE</small>		PHONE NUMBER AT WORK <small>AREA CODE</small>	
2 ADDRESS FOR CORRESPONDENCE OR PAYMENT, IF DIFFERENT THAN ADDRESS 1 <small>NO. STREET APT. LOCALITY</small>							
PROVINCE OR STATE AND COUNTRY		POSTAL CODE		PHONE NUMBER AT HOME <small>AREA CODE</small>		PHONE NUMBER AT WORK <small>AREA CODE</small>	
REIMBURSEMENT CHEQUE TO BE MAILED TO: <input type="checkbox"/> ADDRESS 1 <input type="checkbox"/> ADDRESS 2				INQUIRIES TO BE SENT TO: <input type="checkbox"/> ADDRESS 1 <input type="checkbox"/> ADDRESS 2			

PERIODS OF TIME SPENT OUTSIDE QUÉBEC

Period during which you received healthcare services						If you spent other periods of more than 21 consecutive days outside Québec during the calendar year (January 1 to December 31), please specify:					
Date of departure from Québec <small>YEAR MONTH DAY</small>			Date of return to Québec <input type="checkbox"/> ACTUAL DATE <input type="checkbox"/> PLANNED DATE <small>Year Month Day</small>								
REASON FOR SPENDING TIME OUTSIDE QUÉBEC (CHECK ONE BOX ONLY)						1st PERIOD					
<input type="checkbox"/> Vacation or seasonal absence						Date of departure <small>Year Month Day</small>			Date of return <small>Year Month Day</small>		
<input type="checkbox"/> Work Employer's name: _____						2nd PERIOD					
<input type="checkbox"/> Studies Attach a written attestation from the educational institution showing the beginning and end dates of your courses, unless you have already done so.						Date of departure <small>Year Month Day</small>			Date of return <small>Year Month Day</small>		
<input type="checkbox"/> Receipt of healthcare not available in Québec Régie's authorization number _____						3rd PERIOD					
<input type="checkbox"/> Permanent move <input type="checkbox"/> Within Canada <input type="checkbox"/> Outside Canada Date of move <small>Year Month Day</small>						Date of departure <small>Year Month Day</small>			Date of return <small>Year Month Day</small>		
<input type="checkbox"/> Other Specify _____											

HEALTHCARE SERVICES RECEIVED

Give the reason for which you received healthcare services

IN THE CASE OF AN ACCIDENT, SPECIFY THE TYPE OF ACCIDENT

Automobile Work Other (specify) _____

Date of accident Year Month Day

Describe the services received (examinations, x-rays, surgery, etc.). If you need more space, use a separate sheet.

WHERE DID YOU RECEIVE THE SERVICES?

LOCALITY _____ CANADIAN PROVINCE OR U.S. STATE _____ COUNTRY _____

If you were hospitalized, specify the number of days: _____

REIMBURSEMENT

Amount claimed	Canadian dollars <input type="checkbox"/>	Other currency <input type="checkbox"/> SPECIFY: _____	Have you paid the bills? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> In full <input type="checkbox"/> In part	AMOUNT PAID (enclose originals of receipts)
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SUPPORTING DOCUMENTS

If you did not have travel insurance when you received the services, send all required documents to the Régie.

If you did have travel insurance when you received the services, **check whether your insurance company will apply to the Régie for a reimbursement on your behalf.**

If so, send all required documents to the insurance company.
If not, send all required documents to the Régie.

NAME OF INSURANCE COMPANY _____ POLICY NUMBER _____

SIGNATURE AND AUTHORIZATION

I hereby declare, knowing that this declaration has the same value as though it were made under oath in accordance with the *Canada Evidence Act*, that the above information is accurate. I authorize the Régie to request from the health professional or institution any additional information that it may require. If this information is not provided free of charge, I agree to it being obtained at my expense.

If my application results from an automobile accident or a work accident, to simplify the processing of my application I authorize the Régie to provide the SAAQ or the CSST with a copy of any documents I may send to or receive from the Régie.

NAME OF PERSON SIGNING THIS FORM, IF OTHER THAN THE APPLICANT _____

RELATIONSHIP TO APPLICANT (FATHER, MOTHER, SPOUSE, GUARDIAN, ETC.) _____

SIGNATURE _____

Year Month Day

LANGUAGE OF CORRESPONDENCE
 ENGLISH
 FRENCH

FORM

Please complete one form per person.

HEALTH INSURANCE NUMBER

You must provide your HEALTH INSURANCE NUMBER when applying for a reimbursement and in all your written and telephone communications with the Régie.

In the case of a **child under 12 months of age** who has not yet received a Health Insurance Card, indicate the child's last name, first name, date of birth and sex, **but use the father's or mother's Health Insurance Number.**

ELIGIBILITY REQUIREMENTS

To be eligible for a reimbursement for the cost of insured services received outside Québec, you must:

- reside in Québec and be eligible for the Health Insurance Plan;
- hold a valid Health Insurance Card;
- not spend 183 days or more per calendar year (January 1 to December 31) outside Québec, * and be able to furnish proof to that effect. *When calculating time spent outside Québec, do not include periods of less than 21 consecutive days.*

For periods of training, study or work outside Québec, contact the Régie before your departure to obtain information about eligibility requirements.

* Refer to the "Special cases" section in the Régie's pamphlet entitled Healthcare Services Insured Outside Québec.

TIME LIMITS FOR APPLYING FOR A REIMBURSEMENT

The time limits for applying to the Régie for a reimbursement are **one year** from the service date in the case of professional services and **three years** from that date in the case of hospital services.

Services paid for by the Régie:

- fees for insured services rendered by a physician, optometrist or dentist in another province or territory of Canada or abroad, **at the rates in force in Québec** (or at the actual rates, if lower than Québec rates);
- fees for hospitalization outside Canada, up to a daily maximum, as long as the reason for the hospitalization was a **sudden illness or an emergency**;
- fees for hospitalization in another province or territory of Canada (ward accommodation).

Services not paid for by the Régie:

- transportation of patient (ambulance, taxi, airplane);
- the supplement for a private or semi-private hospital room;
- prescription drugs;
- services rendered by psychologists, nurses, acupuncturists or podiatrists;
- services rendered in health resorts;
- services rendered for cosmetic purposes;
- detoxification treatments;
- the cost of obtaining a medical report or a brief case history.

IMPORTANT

The Régie will not process your application and will return all documents submitted if any of the following are missing:

- HEALTH INSURANCE NUMBER
- THE APPLICANT'S SIGNATURE
- THE INFORMATION REQUESTED
- SUPPORTING DOCUMENTS

SUPPORTING DOCUMENTS

- **The originals of your receipts.** Submit originals of credit card statements or photocopies of both sides of cancelled cheques clearly showing the name of the hospital or health professional.

- **The originals of your bills**

The following information must be clearly shown on these documents:

- the name, address and signature of the health professional who rendered the services;
- the name and address of the facility and the signature of a representative of the hospital at which the services were rendered;
- a detailed description of the services received;
- the date of each service received and the fees charged.

- **The summary of your medical record** (if you were hospitalized).

- **The operative report** (if you had major surgery).

Neither the originals nor copies of documents are returned by the Régie.

Send this form and all supporting documents to:

Régie de l'assurance maladie du Québec
Service de l'application des programmes (Q037)
PO Box 6600
Québec (Québec) G1K 7T3

Ce document est aussi disponible en français.

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Healthcare Services
Insured Outside Québec

