



## CARPENTRY WORKERS' BENEFIT PLAN OF BC

#215 – 3480 Gilmore Way, Burnaby, BC V5G 4Y1

phone (604) 438-2434 toll free 1-877-411-2806 fax (604) 438-5348 website www.cwbp.ca

### TRAVEL ASSISTANCE – APPLICATION FOR REIMBURSEMENT

Member Name: \_\_\_\_\_

Member Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone ( ) \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Nature of sickness or injury: \_\_\_\_\_

Work related? Y \_\_\_ N \_\_\_

Date of illness or injury: \_\_\_\_\_

MVA? Y \_\_\_ N \_\_\_

Expenses recovered from other source Y \_\_\_ N \_\_\_ Source: \_\_\_\_\_

If yes, copy of Explanation of Benefits Statement itemizing amounts reimbursed is required.

#### Means of travel to specialized services:

\_\_\_ Air fare: patient \$ \_\_\_\_\_ escort \$ \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Bus fare: patient \$ \_\_\_\_\_ escort \$ \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Ferry fare: patient \$ \_\_\_\_\_ escort \$ \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_ Car mileage \_\_\_\_\_ km @ \$0.57 = \$ \_\_\_\_\_ Date \_\_\_\_\_

Escort fare paid only if referring physician specifies an escort is required or if the patient is a child. Please note we use Map Quest to determine mileage.

\_\_\_\_\_  
Signature of member

\_\_\_\_\_  
Date signed

#### Please enclose with this claim form:

- Medical Certificate completed and signed by both referring and treating physicians
- Original paid receipts for fares and accommodation, if applicable
- Explanation of Benefits statement confirming amount paid by any other source, if applicable

#### FOR OFFICE USE ONLY

|                |    |           |     |       |     |
|----------------|----|-----------|-----|-------|-----|
| Patient's fare | \$ | - \$25.00 | =\$ | X 85% | =\$ |
| Escort's fare  | \$ | - \$25.00 | =\$ | X 85% | =\$ |
| Per diem       |    |           |     |       | \$  |
| Hotel          |    |           |     |       | \$  |

Maximum 4 claims reached Y \_\_\_ N \_\_\_

Adjudicator \_\_\_\_\_

Date processed \_\_\_\_\_

## RULES AND GUIDELINES

The Travel Assistance Benefit is a reimbursement program which provides financial aid to members and their dependents who require medical or dental treatment from a qualified physician, surgeon, or oral surgeon not available in the member's community.

- The patient must be covered under the Carpentry Workers' Benefit Plan of BC as a member or eligible dependent at the time of the treatment.
- A Travel Assistance claim may be made for a logistically and/or medically required period **to a maximum of four days**. In assessing the number of eligible days, we look at:
  - a) the distance traveled
  - b) the means of travel,
  - c) the dates of treatment
  - d) whether or not the treating physician reports that the patient needs recovery time before traveling home.
- The Travel Assistance Benefit only reimburses for travel within BC. Exceptions may be made where members in the Kootenays and Dawson Creek area are referred to Calgary and Edmonton. If travel is by air, we will reimburse based on the lowest available air fare.
- \$25.00 will be deducted from the travel costs and the balance will be reimbursed at 85%.
- A per diem allowance rate of \$60.00 will be paid per day of travel for meals and miscellaneous expenses to a maximum of four days. This per diem is for one or both travelers; there is no increase to the per diem if the patient is accompanied by an escort.
- Accommodation costs are reimbursed if receipts are submitted up to a maximum of \$80.00 per day.
- **The Plan will provide Travel Assistance reimbursement to a maximum of four trips per dependent per disability.**
- The Plan reserves the right to request further information or make any inquiries needed to properly adjudicate the claim.

### EXCLUSIONS:

- ❖ procedures considered not medically necessary by the Medical Services Plan of BC, or
- ❖ any services provided by the Provincial Government or a Government Agency (including Workers' Compensation Board), or
- ❖ when a third party is liable (e.g. Insurance Corporation of British Columbia), or
- ❖ when coverage for Travel Assistance is already provided by an Extended Health Benefits plan.

---

**Claims for the previous year must be received in the Plan office by June 30<sup>th</sup> in order to be eligible for reimbursement.**

---

CLAIM FORMS ARE AVAILABLE AT THE OFFICE OF THE CARPENTRY WORKERS' BENEFIT PLAN OF BC  
OR ONLINE AT [www.cwbp.ca](http://www.cwbp.ca)





## MEDICAL CERTIFICATE FOR TRAVEL ASSISTANCE CLAIMS

---

\_\_\_\_\_  
Patient's name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

### REFERRING PHYSICIAN'S STATEMENT

\_\_\_\_\_  
Physician's name

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Nature of Illness or Injury

\_\_\_\_\_  
Reason for referral

Hospitalization required?    Y  N

If yes, as outpatient?        Y  N

Escort required?                Y  N

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date signed

### TREATING PHYSICIAN'S STATEMENT

\_\_\_\_\_  
Physician's name

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Type of Treatment

\_\_\_\_\_  
Date/s of Treatment

\_\_\_\_\_  
Expected Date Patient Fit to Travel Home

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date signed

It is the member's / applicant's responsibility to have this form completed by both the referring and treating physicians and mailed together with the claim form and original receipts for eligible expenses to:

**CARPENTRY WORKERS' BENEFIT PLAN OF BC**  
215 - 3480 Gilmore Way  
Burnaby, BC  
V5G 4Y1

Ph (604) 438-2434    Toll Free 1-877-411-2806    Fax (604) 438-5348