Guide to Completing the Form

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 outside Québec per calendar year (January 1 to December 31)* and be able to furnish proof to that effect. *When calculating time spent outside Québec, do not include periods of less than 21 consecutives days.*

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

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 of the 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 rendered;
  - the date of each service 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.

Services paid for by the Régie:	Services not paid for by the Régie:
• fees for insured services rendered by a physician, optometrist or dentist in another Canadian province or abroad, at **the rates in force in Québec** (or at the actal rates, if lower than Québec rates);	• transportation of patient (ambulance, taxi, airplane);
• 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**;	• the supplement for a private or semi-private hospital room;
• fees for hospitalization in another Canadian province (ward accommodation).	• prescription drugs;
	• services rendered by psychologists, nurses, acupuncturists or podiatrists;
	• services rendered in health resorts;
	• services rendered for cosmetic purposes;
	• detoxification treatments;

Pamphlet

*** The Régie's pamphlet entitled "Health-Care Services Insured Outside Québec" contains further information about insured services.**

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

Send this form as well as all supporting documents to:

Régie de l'assurance maladie du Québec
Service du traitement hors du Québec
P.O. Box 6600
Québec Qc
G1K 7T3

Régie de l'assurance maladie Québec

Pamphlet

APPLICATION FOR REIMBURSEMENT

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

Print

FOR OFFICE USE

CHECK THE APPROPRIATE BOX ▶ Health-care services received: ☐ in Canada ☐ outside Canada

IDENTITY OF INSURED PERSON (the person who received the services)

HEALTH INSURANCE NUMBER (LETTERS / NUMBERS)	INSURED PERSON'S LAST NAME	INSURED PERSON'S LAST NAME (AS APPEARING ON HEALTH INSURANCE CARD)
	FIRST NAME	DATE OF BIRTH (YEAR / MONTH / DAY) — SEX ☐ M ☐ F

1 ADDRESS OF PERMANENT RESIDENCE IN QUÉBEC

NO. | STREET | APT. | CITY OR LOCALITY

PROVINCE | POSTAL CODE | TELEPHONE NUMBER AT HOME AREA CODE | TELEPHONE NUMBER AT WORK AREA CODE

2 ADDRESS OUTSIDE QUÉBEC

NO. | STREET | APT. | CITY OR LOCALITY

PROVINCE OR STATE AND COUNTRY | POSTAL CODE | TELEPHONE NUMBER AT HOME AREA CODE | TELEPHONE NUMBER AT WORK AREA CODE

REIMBURSEMENT CHEQUE TO BE MAILED TO: ☐ ADDRESS 1 ☐ ADDRESS 2

INQUIRIES TO BE SENT TO: ☐ ADDRESS 1 ☐ ADDRESS 2

PERIODS OF TIME SPENT OUTSIDE QUÉBEC

Period during which you received health-care services

Date of departure from Québec (YEAR / MONTH / DAY)

Date of return to Québec ☐ ACTUAL DATE ☐ PLANNED DATE (YEAR / MONTH / DAY)

REASON FOR SPENDING TIME OUTSIDE QUÉBEC (CHECK ONE REASON ONLY)

- ☐ **vacation or seasonal absence**
- ☐ **work** — Employer's name: .....
- ☐ **studies** — Attach a written attestation from the educational institution showing the dates of the beginning and end of your courses, unless you have already done so.
- ☐ **to receive health care not available in Québec** — Number of the Régie's authorization . .....
- ☐ **permanent move** ☐ Within Canada ☐ Outside Canada — DATE OF MOVE (YEAR / MONTH / DAY)
- ☐ **other** — Specify .....

If you spent other periods of more than 21 consecutive days outside Québec during the calendar year (Jan. 1 to Dec. 31), please specify:

1st PERIOD	
DATE OF DEPARTURE (YEAR / MONTH / DAY)	DATE OF RETURN (YEAR / MONTH / DAY)
2nd PERIOD	
DATE OF DEPARTURE (YEAR / MONTH / DAY)	DATE OF RETURN (YEAR / MONTH / DAY)
3rd PERIOD	
DATE OF DEPARTURE (YEAR / MONTH / DAY)	DATE OF RETURN (YEAR / MONTH / DAY)

HEALTH-CARE SERVICES RECEIVED

Give the reason for which you received health-care 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?

CITY OR LOCALITY | CANADIAN PROVINCE OR U.S. STATE | COUNTRY

IF YOU WERE HOSPITALIZED, SPECIFY THE NUMBER OF DAYS:

REIMBURSEMENT

AMOUNT CLAIMED

CANADIAN CURRENCY ☐ FOREIGN CURRENCY ☐ SPECIFY:

Have you paid the bills? ☐ NO ☐ YES ▶ ☐ IN FULL ☐ IN PART ▶ AMOUNT PAID **(enclose originals of receipts)**

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 yes, send all required documents to the insurance company.

If no, 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, and I understand that I must pay the cost of any fees the Régie may incur in obtaining this information.

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 INSURED PERSON | RELATIONSHIP TO INSURED PERSON (FATHER, MOTHER, SPOUSE, GUARDIAN , ETC.)

SIGNATURE (YEAR / MONTH / DAY)

LANGUAGE OF CORRESPONDENCE ☐ ENGLISH ☐ FRENCH