

PLEASE READ FIRST...

Your Travel and Parking Expenses

We cover travel costs to and from medical appointments for injuries from the accident.

Using a private car: *(See step 1)*

- You can claim *up to* 100 km each way from where you live, unless the necessary care or treatment is unavailable within 100 km of where you live.
- If you drove directly there and back, claim the total kilometers you drove.
- If your appointment isn't your final stop, claim only the kilometers your appointment *adds* to your trip. For example, if work is your final stop, claim only the kilometers your appointment adds to your trip to work. If your normal trip to work is 5 kilometers and you go off your normal route to the doctor for a total of 7 kilometers, it *adds* 2 km to your trip to work. Your travel expense is 2 km.
- You can claim parking at your medical appointment too. We need original receipts if you park in a lot or a parkade.
- If you parked at a meter, write **Meter Parking** on the form and the amount you paid. You can claim up to \$4.00 per day of meter parking with no receipt.

Taking buses, taxis or other transport: *(See step 2)*

- You can claim public transit fares, with no receipts.
- You can claim private bus and taxi fares, with original receipts.

If you need to use other kinds of transportation, talk to your Case Manager.

Purpose of your trip: what to write on the form

- Medical Treatment (MT):** appointments with your doctor, physiotherapist, athletic therapist or chiropractor.
- Victim Escort (VE):** you had to take the injured person for medical care because of the person's physical condition, mental condition or age.
- Critical Care Attendance (CCA)**

Your trip was to support:

- your close relative, or
- spouse, or
- your fiancé(e), or
- a child for whom you're a guardian,

who is staying in hospital because of the accident.

CCA covers:

- up to two people, for up to the first 21 days after the accident and/or
- up to \$3,700 in total expenses

Call your Case Manager for more information about CCA.



Claim No.

Case Manager

Claimant Name

Your Travel and Parking Expenses

STEP 1 List your trips by private car (from most recent to least recent)

Office use only	Date of travel (list each round trip)	Round trip (distance in km)	Parking cost	Describe your round trip, with addresses	Purpose of trip: -Medical Treatment (MT) -Victim Escort (VE) -Critical Care Attendance (CCA)
EXAMPLE	10-June-07	20 km	\$2.00	Home, 111 Any St. ⇌ Dr. Smith, 60 Main St. ⇌ Home	MT
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16					

STEP 2 List your trips by bus, taxi, train or airline (from most recent to least recent)

Office use only	Date of travel (list each round trip)	Bus, taxi, train or airline	Cost	Describe your round trip, with addresses	Purpose of trip: -Medical Treatment (MT) -Victim Escort (VE) -Critical Care Attendance (CCA)
EXAMPLE	12-June-07	Bus	\$4.00	Home, 111 Any St. ⇌ Dr. Lee, 123 Smith St. ⇌ Home	MT
1					
2					

STEP 3 Sign and date this form, below. Without your signature and a date, we can't pay you.

All the information I've provided on this form is true.

Signature

Date

Mailing Address

Case management approval	Case Manager Comments
Date	