

Reimbursement Checklist for Applicants

Reimbursement Program for Living Donors (RPLD)

To ensure that your application for reimbursement under the RPLD is processed as quickly as possible, please be sure to include the forms listed below, duly-completed and signed, along with your supporting documents (invoices and receipts).

Reimbursement applications will be considered only if all of the required forms and supporting documents are forwarded to us within 12 months of the donor's procurement surgery date or the date of the donor's final assessment at the transplant centre.

Please carefully read the list below before you send us your application.

For further details, please contact the administrator of the Reimbursement Program for Living Donors at 1-855-744-9231.

1- Application Form - MANDATORY

Please forward this duly-completed form to us as soon as possible so that we can open an RPLD file under your name.

2- Claim for Expenses Incurred and Paid – MANDATORY

- Please forward this form to us once you incurred expenses related to transportation, parking, accommodation or meals.
- For all expenses claimed except mileage, be sure to include original receipts or invoices.
- The dates on which you incurred expenses must be the same as the ones indicated on the form *Appointment Schedule*. This form must be completed and signed by the transplant coordinator.
- If you submit an application for travelling expenses from outside of Quebec, be sure that your transplant coordinator completes and signs the form *Travel Support Letter*.

3- Appointment Calendar – MANDATORY

This form must be completed and signed by your transplant coordinator, who will return it to you at your final assessment appointment or prior to your discharge from the hospital.

4- Travel Support Letter – ONLY FOR RESIDENTS LIVING OUTSIDE OF QUEBEC

This form must be completed and signed by the transplant coordinator, who will return it to you at your final assessment appointment or prior to your discharge from the hospital.

5- Income Loss Certificate – ONLY FOR APPLICANTS WHO HAVE LOST INCOME

This form must be completed and signed by the transplant coordinator, who will return it to you at your final assessment appointment or prior to your discharge from the hospital.

6- Claim for Income Loss – ONLY FOR APPLICANTS WHO HAVE LOST INCOME

- This form is divided into two sections. The first section must be completed and signed by your employer. The second section must be completed and signed by the applicant.
- If you are self-employed, please complete both sections of the form.
- The following documents must be included with your application:
 - The form *Income Loss Certificate* must be completed and signed by the transplant surgeon or the transplant coordinator.
 - Copies of your pay stubs for the four weeks preceding the surgery. Self-employed workers are required to provide a copy of their notice of assessment for the last two years from the Ministre du Revenu (for donors living in Quebec) or from the Canada Revenue Agency (for residents living outside of Quebec).
 - Copies of your employment insurance (EI) benefit statements or a summary of these benefits.

7- Consent to Disclose Personal Information – ONLY FOR APPLICANTS LIVING IN REMOTE REGIONS

Applicants living in remote regions must first apply for a subsidy offered under the following programs:

- *Frais remboursables aux malades devant se déplacer pour recevoir des soins et services de santé non disponibles dans leur région.* (Reimbursable expenses for patients required to travel to receive health care and health services not available in their region.)
- *Gratuité du transport pour les autochtones devant se déplacer pour recevoir des soins de santé non disponibles dans leur région.* (No-charge transportation for Aboriginal people required to travel to receive health care not available in their region.)

Please forward the duly-completed and signed forms along with the supporting documents to the following address:

**RPLD
200-4100, rue Molson
Montréal (Québec)
Canada
H1Y 3N1**