Société de l'assurance automobile Québec

Avec vous, au cœur de votre sécurité

Health Care-Related Travel Expenses

Schedule 5

Erase

Important

Fill out this form to claim travel expenses related to health care treatment.

Do not send us your receipts. Please keep them for three years so that you can submit them to us upon request.

Claim number		Page	1/2

- When no public transit service is available on the required route, or if a health condition prevents you from using public transit:
  - expenses for transportation by private vehicle are reimbursed at a higher per-kilometre rate. Otherwise, the basic rate is used to calculate the reimbursement;
  - fares for remunerated passenger transportation by automobile (taxi or other) are reimbursed based on the amounts paid and must be pre-approved by your compensation officer.
- All travel expenses claimed must be related to the accident or to a relapse. Enter your expenses in chronological order on the form.
- In order to speed up processing, please enter your claim number in the space provided above.

Accident Victim

Last name at birth

First name

Date of the accident (Year Month Day)

Health insurance number

Address
Street number Street name

Apartment

P.O. box

Municipality

Province or state

Country

Postal code

Travel Expenses (keep your receipts)

A = Automobile **C =** Public transit **I =** Bus, plane, train **T =** Remunerated passenger transportation by automobile (taxi or other)

	Trip date (Year Month Day)	Reason[1]												
		Physio-therapist	Occupational therapist	Chiro-practor	Psycho-logist	Acupunc-turist	Social worker	Doctor or hospital	Other (specify)	Means of transport	Round-trip distance (km)[2]	Parking	Amount claimed[3]
1		☐	☐	☐	☐	☐	☐	☐					
2		☐	☐	☐	☐	☐	☐	☐					
3		☐	☐	☐	☐	☐	☐	☐					
4		☐	☐	☐	☐	☐	☐	☐					
5		☐	☐	☐	☐	☐	☐	☐					
6		☐	☐	☐	☐	☐	☐	☐					
7		☐	☐	☐	☐	☐	☐	☐					
8		☐	☐	☐	☐	☐	☐	☐					
9		☐	☐	☐	☐	☐	☐	☐					
10		☐	☐	☐	☐	☐	☐	☐					
11		☐	☐	☐	☐	☐	☐	☐					
12		☐	☐	☐	☐	☐	☐	☐					
13		☐	☐	☐	☐	☐	☐	☐					
14		☐	☐	☐	☐	☐	☐	☐					

Declaration

I certify that all the information provided is accurate and complete.

Signature of the accident victim (if of legal age) or their representative

X

Date (Year Month Day)

1. **Reason** — Specify the reason for the trip.
2. **Round-trip distance (km)** — Enter the distance only in the case of transportation by private vehicle.
3. **Amount claimed** — If claiming kilometrage, do not enter an amount in this column.

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Schedule 5

Claim number		Page	2/2

Meals and Lodging (keep your receipts)[4]

G = Gatineau **L** = Laval or Longueuil **M** = Island of Montréal or outside Québec **Q** = Greater Québec area **A** = Elsewhere in Québec **X** = Elsewhere than in a hotel

	Trip date			Reason								Cost (if justifiable)				
	Year	Month	Day	Physio-therapist	Occupational therapist	Chiro-practor	Psycho-logist	Acupunc-turist	Social worker	Doctor or hospital	Other	Breakfast	Lunch	Dinner	Lodging	Place of lodging
1				☐	☐	☐	☐	☐	☐	☐	☐					
2				☐	☐	☐	☐	☐	☐	☐	☐					
3				☐	☐	☐	☐	☐	☐	☐	☐					
4				☐	☐	☐	☐	☐	☐	☐	☐					
5				☐	☐	☐	☐	☐	☐	☐	☐					
6				☐	☐	☐	☐	☐	☐	☐	☐					
7				☐	☐	☐	☐	☐	☐	☐	☐					
8				☐	☐	☐	☐	☐	☐	☐	☐					
9				☐	☐	☐	☐	☐	☐	☐	☐					
10				☐	☐	☐	☐	☐	☐	☐	☐					
11				☐	☐	☐	☐	☐	☐	☐	☐					
12				☐	☐	☐	☐	☐	☐	☐	☐					
13				☐	☐	☐	☐	☐	☐	☐	☐					
14				☐	☐	☐	☐	☐	☐	☐	☐					
15				☐	☐	☐	☐	☐	☐	☐	☐					
16				☐	☐	☐	☐	☐	☐	☐	☐					

4. **Meals and lodging —** Enter the expenses you incurred for meals or an overnight stay in connection with your health care treatment in the space provided above and specify the reason for the trip.

Declaration

I certify that all the information provided is accurate and complete.

Signature of the accident victim (if of legal age) or their representative

X

Date (Year Month Day)

Reminder: Send only this completed form. Keep your receipts for three years so that you can submit them to us upon request.

For an additional copy of this form, go to the forms section of our website at saaq.gouv.qc.ca or call our Centre des relations avec la clientèle accidentée at 1-800-463-6890.

THERE ARE THREE WAYS TO SUBMIT A DOCUMENT: **Through the Reimbursement of Expenses and Document**
Submission online service: saaq.gouv.qc.ca/envoidocuments
By fax: 1-866-289-7952
By mail: Société de l'assurance automobile du Québec
Case postale 2500, succursale Terminus
Québec (Québec) G1K 8A2

Keep the original or a copy for your files.

Protection of Personal Information

The SAAQ only collects personal information that is necessary for it to exercise its powers and apply the laws it administers. All personal information gathered by authorized personnel is handled confidentially. This information may be shared with its licensing agents and certain government departments or agencies, including those located outside Québec, in accordance with the *Act respecting Access to documents held by public bodies and the Protection of personal information*. It may also be used for statistical, survey, study, audit or investigative purposes. Failure to provide this information can result in a refusal of service. You may consult, correct or obtain a copy of any personal information concerning you.

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