

COMMITTEE ON RURAL & REGIONAL PRACTICE

RURAL TRAVEL FUND

DESCRIPTION

The Rural Travel Fund is provided through an agreement between the Saskatchewan Medical Association and the Government of Saskatchewan. Claims for reimbursement should be submitted at the end of each month.

All eligible physicians are encouraged to access the Fund. Program guidelines are provided below. Further information may be obtained from the Saskatchewan Medical Association at (306) 244-2196 or 1-800-667-3781.

GUIDELINES

The Fund is designed to facilitate cooperation and provide support to physicians in rural Saskatchewan. It is hoped that there may be improved communication between rural physicians to help maintain the quality of care being provided to rural residents.

The program is **NOT** designed to replace travel subsidies that are already in place. (Presently, federal and provincial governments and some health regions provide mileage allowances for certain travel.) Where other travel subsidies are available, this program does not apply.

Mileage is reimbursed at the same rate as the Emergency Room Coverage Program. Currently, the reimbursement rate is \$0.4535 per kilometer plus \$50 per 100 kilometers. Physicians may claim reimbursement for the following types of services provided in neighboring communities:

1. Anesthesia,
2. Surgical Assistance,
3. Consultations, and
4. Practice coverage for a neighboring physician – for call coverage, in-patient coverage, nursing home coverage, office coverage, shared call or other,
5. Satellite Clinics.

The Fund is NOT designed to reimburse specialists traveling from urban centers to rural Saskatchewan to provide services.

Claims must be submitted for payment within 6 months of travel being incurred. Physicians may receive up to \$5,200 per year, including for expenses for travel to satellite clinic, provided they are not receiving reimbursements for these same expenses from other sources (For example, *The Saskatchewan Health Authority, provincial or federal governments*).

Revised Jun 25 08, May 29 15, Aug 09 19, Sept 11 19



SASKATCHEWAN
MEDICAL ASSOCIATION

COMMITTEE ON RURAL & REGIONAL PRACTICE

RURAL TRAVEL FUND APPLICATION

Name _____

Address _____

Postal Code _____ Phone number (office) _____

Codes for Type of Service:			
1 Anesthesia	4 Practice Coverage	a) Call Coverage	d) Office Coverage
2 Surgical Assist	5 Satellite Clinic	b) In-patient Coverage	e) Shared Call
3 Consultation		c) Nursing Home Coverage	f) Other
*For all codes, please indicate for which physician service was provided			

Date of Travel	Community Visited	Distance (km) one way	Type of Service (see above)	Physician Name (for whom service was provided)
Total Kilometers =		_____		

Are you receiving travel reimbursement for the claimed kilometers from another source?
 Yes No

Signature _____ Date _____

(office use)

Received: _____ Approved: _____ Date: _____

Amount: _____ Cheque #: _____ Date: _____

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