

Boarding, Transportation and Ostomy Program (BTO Program)

Proof of Appointment & Boarding and/or Transportation Expenses

Patient Information

Last Name	First Name	Health Card Number	
Mailing Address	City	Province	Postal Code
Province of Service(s):	Nova Scotia Other	Daytime Phone Number	

Date of Appointment	Services Received at Clinic/Hospital	Kilometers Travelled
		One way: _____ Return: _____
Authorizing Signature (Dr., Nurse, Clerk)		Authorizer's Title

Please check method of travel: **Car** **Taxi** **Bus** **Shuttle** **Air** *(Arranged through MSI)*

Date of Appointment	Services Received at Clinic/Hospital	Kilometers Travelled
		One way: _____ Return: _____
Authorizing Signature (Dr., Nurse, Clerk)		Authorizer's Title

Please check method of travel: **Car** **Taxi** **Bus** **Shuttle** **Air** *(Arranged through MSI)*

Date of Appointment	Services Received at Clinic/Hospital	Kilometers Travelled
		One way: _____ Return: _____
Authorizing Signature (Dr., Nurse, Clerk)		Authorizer's Title

Please check method of travel: **Car** **Taxi** **Bus** **Shuttle** **Air** *(Arranged through MSI)*

Patient Signature

I hereby declare this information is accurate and true to the best of my knowledge

Signature _____ Date _____

Submit Your Form (Signature not required if submitting through your MSI online account)

Online: https://novascotia.ca/dhw-pharmacare-18	By mail: Assistance for Cancer Patients Programs PO Box 500 Halifax NS B3J 2S1	By fax: 902-490-2275
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The personal health information submitted above is protected by the *Personal Health Information Act* and is only collected, used, retained, and disclosed to process your request unless otherwise authorized by the legislation or with your express consent. This information is collected under the authority of the *Health Services and Insurance Act*, or the *Fair Drug Pricing Act* to administer Nova Scotia's health insurance and drug programs.