Yukon
Health and Social Services

OUT-OF-TERRITORY MEDICAL TRAVEL VIA ROAD TO SCHEDULED APPOINTMENTS

You have advised us that you are driving to _____ for your medical appointment(s). **When you return to Yukon, please complete this form. Please take the yellow subsidy form with you and have it completed at all your medical appointments, including hospitalization.** This will verify that medical services were received. You may be eligible for a mileage reimbursement and a subsidy payment.

Please mail the completed forms to the address on the bottom of the page.

First Name _____ Last Name _____

Mailing address _____

_____

Telephone (h) _____ (w) _____

Yukon Health Care Number _____

Departure Date _____ Return Date _____
YYYY/MM/DD YYYY/MM/DD

DECLARATION

I, _____, hereby declare that I drove from
FIRST NAME LAST NAME

_____ to _____ on

_____ for the sole purpose of medical treatment and that I am therefore entitled to
DATE YYYY/MM/DD

claim for mileage reimbursement for this trip, from the Government of the Yukon.

I understand that it is an offense to give false information on this declaration, and any offence may be liable on summary conviction to a fine and/or imprisonment.

_____ _____
SIGNATURE OF CLAIMANT **DATE** YYYY/MM/DD

_____ _____
SIGNATURE OF WITNESS **DATE** YYYY/MM/DD

Mailing address
Medical Travel, Health Services (H-2)
Box 2703
Whitehorse, Yukon Y1A 2C6

Phone number:
867-667-5209
toll free in Yukon: 1-800-661-0408 ext 5209

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