

**Boarding, Transportation
and Ostomy Program (BTO Program)**

**Proof of Appointment &
Boarding and/or Transportation Expenses**

CLIENT IDENTIFICATION

Client Name:	Address:
Health Card Number:	
Province of Service(s): <input type="checkbox"/> Nova Scotia <input type="checkbox"/> Other: <input type="checkbox"/>	Daytime Phone Number:

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

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

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

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

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

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

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

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

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

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

CLIENT SIGNATURE – I hereby declare this information is accurate and true to the best of my knowledge.

Signature: _____	Date: _____
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Return this form to: MSI Programs
BTO Program
PO Box 500
Halifax, NS B3J 2S1
Email: BTO_Programs@medavie.bluecross.ca

Toll free: 1-888-894-5353
or 1-902-496-7011
Fax: 1-902-490-2275