

# Yellowknife Education District No.1 Medical Travel Procedures



## Article 23.06 of the NWTTA Collective Agreement

The employee and the employee's dependents shall be eligible to receive reasonable and necessary airfare and hotel accommodation for a maximum of seven (7) nights for medical or dental treatment - **maximum of three hundred and twenty-five dollars (\$325.00) per night for all expenses related to accommodation, meals and local ground transportation** – provided:

- The treatment is not available in Yellowknife
- The treatment is accessed at the closest available destination
- Payment is supported by a certificate from a qualified medical or dental practitioner stating
  - (a) that the treatment was **non-elective**
  - (b) that it was necessary for the health of the employee or employee's dependent, and
  - (c) the required length of stay
- The leave is pre-approved by the Superintendent (or designate)
- District airfare booking codes (*none currently in existence*) are used or **NWTTA booking codes** if less expensive

## District Procedures

1. The attached "**Certification for Medical Travel**" form must be completed and signed by your local referring physician or dentist. Medical treatment must be non-elective. If a travel escort is required, the physician/dentist must indicate so on the form or provide a letter to indicate that an escort is required.
2. Once Sections 1 & 2 of the Medical Travel form have been completed by the employee and the referring physician/dentist, the form must be submitted to the District Office to be approved by the Superintendent, Assistant Superintendent or Secretary Treasurer. The form can be sent via internal mail or dropped off at District Office.
3. After the form has been approved at District Office, it will be returned to the employee via internal mail. The employee can then book their travel arrangements. As per article 23.06, NWTTA or District booking codes should be used, unless a less expensive ticket is available.
4. The employee must then take the medical travel form to the appointment they are travelling to and have it signed by the attending physician/dentist under Section 4.
5. When the employee has returned from their travel, they are required to complete an expense claim form and attach the completed Certification for Medical Travel form along with any receipts related to airfare, accommodations, meals and local ground transportation. Expense reimbursement is available to a maximum of \$225 per night for all expenses related to accommodation, meals and local ground transportation.

6. The expense claim, with receipts attached, should then be submitted to the District Office to the attention of the Assistant Superintendent of Human Resources for approval. The claim can be sent via email, internal mail or dropped off at the District Office.
7. The approved costs will then be submitted to Accounts Payable for reimbursement via direct deposit.
8. If you are transported out by a medevac, you will be invoiced by Stanton hospital for that service but you can bring the invoice into the District Office and complete a Manulife Claim Form with the invoice attached with a request for Manulife to pay the invoice directly to Stanton. Please contact the Assistant Superintendent of Human Resources, should this be the case.

If you are unable to pay for the airline ticket(s) in advance and have the Certification for Medical Travel Form approved by District Office, you can contact Top of the World Travel and they will book your ticket and invoice YK1 upon approval from our office. **Please note that, for each booking, Top of the World Travel will require: traveller names (must match government-issued photo identification – middle names are not needed for domestic travel), cell phone numbers, and birthdates.**

Contact details are as follows:

### **Top of the World Travel**

**Email:** [tremblay@topoftheworldtravel.com](mailto:tremblay@topoftheworldtravel.com)

**Phone:** (867) 444-8078 (Kyle Tremblay)

**Preferred Communication:** Email



**Yellowknife Education District No. 1**

5402 50 Ave, Yellowknife, NT  
 (867) 766-5050 info@yk1.nt.ca



## CERTIFICATION FOR MEDICAL TRAVEL

Medical Transportation and Expenses may be provided to YK1 employees and/or dependents providing there is no duplication of the assistance/allowance from some other source. See Article 23.06 of the NWTTA Collective Agreement and Article 19.02 of the U.S.W. Collective Agreement for details.

Employees are required to make every reasonable effort to schedule medical treatment with other forms of travel. Medical travel will be provided at the rate of the lowest available airfare to and from Edmonton, Alberta, upon production of original receipts.

### 1. To be completed by: **YK1 EMPLOYEE**

\_\_\_\_\_  
**Employee's** Family and Given Names (please print)

\_\_\_\_\_  
 Signature

Relationship to Patient: \_\_\_\_\_

Date: \_\_\_\_\_

### 2. To be completed by: **REFERRING YELLOWKNIFE PHYSICIAN OR DENTIST**

\_\_\_\_\_  
**Patient's** Family Name

\_\_\_\_\_  
**Patient's** Given Name(s)

**SCHEDULED APPOINTMENTS OR ADMISSIONS:**

Clinic/Hospital	Date	Time

**REFERRAL TYPE:** MEDICAL  DENTAL  REASON: \_\_\_\_\_

I have examined the above patient and **I certify that non-elective medical/dental treatment is required** which is not available in Yellowknife and cannot reasonably be deferred. I recommend that this patient be treated at the nearest centre where the necessary services are available.

\_\_\_\_\_  
 Name of Referring Physician or Dentist (please print)

\_\_\_\_\_  
 Name of Clinic/Hospital - Yellowknife

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

### 3. To be completed by: **YK1 DISTRICT OFFICE ADMINISTRATION**

Approved  Denied  Comments \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### 4. To be completed by: **ATTENDING PHYSICIAN/DENTIST**

Clinic/Hospital Attended	Date/Time of Appointment	Name and title of physician/dentist	Signature

**Note:** If patient is unable/unfit to travel and overnight accommodation is required, please attach explanation.