

## **Northern Ontario Residents Streamlined Training and Reimbursement Program (NORSTAR)**

### Faculty-Resident Dyads

#### Eligibility:

Medical residents and fellows from Canadian medical schools are reimbursed for travel and accommodation expenses when accompanying faculty physicians from their home institution on locums or other work assignments in the North East and North West Ontario Health Regions. Locum physicians must have a faculty appointment with the medical resident's home institution.

#### Process:

1. Both faculty physicians and residents are encouraged to work directly with Northern Ontario communities to confirm assignment availability, duration, scheduling etc.
2. Once a faculty-resident dyad has been tentatively arranged with a community, the site will then need to submit a request form for the specific physicians and dates to [norstar@ontariohealth.ca](mailto:norstar@ontariohealth.ca). Please note, requests are required to be submitted in advance of the start date and can take up to 2 weeks for approval.
3. Once an assignment has been approved, NORSTAR will confirm with the community directly. At this point, the community can confirm with the faculty-resident dyad that the assignment has been approved and physicians can make travel arrangements in accordance with the policies and parameters outlined on the NORSTAR Expense Claim Form (included below). Expenses are eligible up to 1 day before and 1 day after an eligible assignment. Expenses and receipts that do not meet the policies and parameters outlined on the form will not be reimbursed.
4. All payments for travel and accommodations during eligible assignments must be made by the claiming physician, with all receipts issued in the claiming physician's name. Expenses related to family travel are not eligible for reimbursement.
5. One Physician Expense Claim Form and copies of all associated electronic receipts can be submitted to [norstar@ontariohealth.ca](mailto:norstar@ontariohealth.ca) upon completion of the assignment. Expense claims must be submitted within 6 months of the date of service to be eligible for reimbursement.
6. Payments will be processed within 4 – 6 weeks from the date a complete claim (Physician Expense Claim Form and receipts) is received. Incomplete claims will result in processing delays.
7. Deposit slips will be sent to physicians (via email) within 5 – 7 business days of the payment and should be reviewed upon receipt. The deposit slip will provide information regarding any discrepancies in payment. Additional documentation (i.e., missing receipts) can be provided via email to [norstar@ontariohealth.ca](mailto:norstar@ontariohealth.ca) for review and processing of additional payments.

## PHYSICIAN EXPENSE CLAIM FORM FOR FACULTY-RESIDENT DYADS

### NORTHERN ONTARIO RESIDENTS STREAMLINED TRAINING AND REIMBURSEMENT (NORSTAR)

Physician Name: \_\_\_\_\_ OHIP Billing Number (if applicable): \_\_\_\_\_

CPSO Number: \_\_\_\_\_ Home or Base Practice Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Hospital/Community Name: \_\_\_\_\_

Physician Role (Faculty or Resident): \_\_\_\_\_ Work Type (FM/ED/Specialty): \_\_\_\_\_

Assignment Start Date: \_\_\_\_\_ Assignment End Date: \_\_\_\_\_

EXPENSE CATEGORY	DISTANCE	AMOUNT \$	COMMENTS
<b>Mileage</b> in kilometres (km) <b>to assignment</b>	km		
<b>Mileage</b> in kilometres (km) <b>from assignment</b>	km		
<b>Mileage</b> in kilometres (km) <b>during assignment</b>	km		

Note: \$0.41/km for personally owned vehicle

EXPENSE CATEGORY	AMOUNT \$	COMMENTS
<b>Car rental</b> (Maximum \$50/day before taxes; higher rates for SUV between October 1 and April 30 only)		
<b>Taxi</b> (Detailed receipt including date of service, vendor info, breakdown of charges and total amount paid required)		
<b>Parking</b> (Detailed receipt including date of service, vendor info, breakdown of charges and total amount paid required)		
<b>Gas</b> (Rental car only: detailed receipt including date of service, vendor info, breakdown of charges and total amount paid required)		
<b>Fare</b> (Economy class only: boarding passes required, details for any flight change fees required)		
<b>Accommodations</b> (Maximum \$150/night before taxes; publicly available, registered business info required)		
<b>Other</b> (Please provide description in comments; baggage fees should be included in fare section)		
<b>TOTAL CLAIM</b>		

#### BANKING INFORMATION (for direct deposit)

Account Holder Name: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Transit Number: \_\_\_\_\_

Institution Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

All receipts provided. Physicians are required to photocopy completed expense claim and receipt for their records. Ontario Health (Health Force) reserves the right to follow-up with vendors for clarification if necessary.

By submitting this form to NORSTAR, I hereby certify that the information provided is true, accurate and complete, and that the travel expenses were incurred by me for the above stated period. I have reviewed and understand the program parameters and am aware that expenses claimed outside of program parameters will be my responsibility. While using my personal owned vehicle as shown, the vehicle insurance permitted its use for business purposes. Please submit to [norstar@ontariohealth.ca](mailto:norstar@ontariohealth.ca).

## GENERAL INSTRUCTIONS

Prior to completing the Physician Expense Claim, please refer to program guidelines listed on the claim form. Submit one claim per approved assignment. All claims must include a Physician Expense Claim (completed in full and including electronic receipts) in order to be processed. Claims should be submitted within 30 days after the date of service; claims submitted past 6 months of the date of service are not eligible for reimbursement. Please note payments will be processed within 4 to 6 weeks from the date a complete claim (Physician Expense Claim form and receipts) is received. Incomplete claims will result in payment delays. Deposit slips are sent to physicians (via email) once payments are complete and should be reviewed upon receipt.

## SUBMITTING CLAIMS

- **Submit completed claims to:** [norstar@ontariohealth.ca](mailto:norstar@ontariohealth.ca)
- Claims submitted later than six months from the date of service will not be eligible for reimbursement.
- Expenses outside of the below requirements will not be eligible for reimbursement.

## EXPENSES

Electronic receipts must meet the following requirements for reimbursement:

- Issued in the name of the physician (where applicable)
- Include an itemized breakdown of all charges and fees
- Include proof of payment, date of service, and vendor information
- Submitted with a completed Physician Expense Claim Form

## CATEGORIES & ELIGIBILITY

- **Travel to/from:** Travel is eligible from a physician's home or base practice address only; please ensure home or base practice address you are travelling from is listed on page 1. If travelling from an alternate address, details must be listed and proof of cost equivalent from home or base practice address is required to be submitted with the claim.
- **Travel expenses applicable to the following modes of transportation only:** Personal vehicle, rental car, bus, train, commercial airlines. Excluded modes of transportation include, but are not limited to: non-commercial, privately owned chartered or leased aircraft and recreational vehicles (snowmobile, boat, bicycle, etc.)
- **Mileage:** The kilometre rate for use of personal vehicle is \$0.41/km for travel via the most direct route to/from the assignment.
- **Car Rental:** Maximum \$50/day before taxes. Drop fees, counter products, and fees with no explanation will not be eligible for reimbursement. Any charges for damages will not be covered by the program.
- **Taxi/Parking:** Detailed electronic receipts indicating the date of service, vendor name/contact details, breakdown of charges and the total amount paid are required for reimbursement.
- **Gas:** Fuel purchase is eligible for reimbursement for a car rental only.
- **Airfare/Bus/Train:** Economy class airfare from a physician's home/base to the community is eligible for reimbursement. Physicians who choose to fly at a higher-class rate must provide a quote for the same flights detailing the economy cost equivalent. Physicians with a home base outside of Ontario are eligible to claim a maximum of \$1,500 (incl. taxes) for out-of-province economy class return flights. One-way out-of-province flights will be prorated to half the maximum amount (i.e., \$750). Change fees must be associated with work related changes for reimbursement and departure time must be at least 3 hours from original departure time.
- **Accommodations:** Single occupancy, standard room in publicly available registered business is eligible for reimbursement up to \$150/night before taxes. Private stays with family, friends or colleagues are encouraged; \$30 per night will be reimbursed and no receipt is required.
- **Online booking:** Online travel service providers and third-party travel websites are not always able to provide itemized receipts that meet processing requirements for reimbursement (particularly in the case of online "bundles/packages"). In these cases, additional follow-up with the vendor will be required by the physician to obtain the required documentation. **Physicians that are not able to obtain receipts that meet our processing requirements after using these means of booking will not be reimbursed.**
- **Exchange rates:** Physicians booking expenses in other currencies are eligible for reimbursement of the Canadian dollar equivalent. For reimbursement, documentation (i.e., credit card statement) indicating the amount paid in CAD is required for processing.
- **Non-allowable expenses include (but are not limited to):** Meals, CMPA insurance, costs to obtain a Certificate of Registration to practice medicine in Ontario, travel insurance, lounge services, telephone calls, relocation costs, and any expenses or additional costs related to children or family travel.