



**Eastern  
Health**

Newfoundland and Labrador Fertility Services  
Major's Path Clinic, Suite 103  
35 Major's Path  
St. John's, NL  
Canada A1A 4Z9

Eastern Health is committed to supporting you on your fertility journey. Along with the Government of Newfoundland and Labrador (NL), we are offering a Fertility subsidy program.

This subsidy covers fertility treatment at an Assisted Reproductive Technologies (ART) clinic within Canada. You can choose which ART clinic meets your needs.

You can apply for a subsidy of \$5,000 per treatment, for up to a maximum of three \$5,000 subsidies (totaling \$15,000) for treatment throughout your lifetime. ART included in this subsidy program may include: in vitro fertilization (IVF), frozen embryo transfer, donor egg cycle, donor embryo cycle, oocyte cryopreservation, intracytoplasmic sperm injection (ICSI), and gestational carrier cycles.

The eligible expenses are limited to fertility treatment costs incurred at a Canadian ART clinic and prescribed medications and travel associated with the treatment, which are not covered by your private insurance.

**Requirements for the Fertility Subsidy:**

- Valid MCP
- Patient of Major's Path, Newfoundland and Labrador Fertility Services (NLFS)
- Referred for ART by a Major's Path, NLFS physician (including patients who apply retroactively)
- Received fertility treatment at an ART clinic within Canada, since August 4, 2021

*All requirements must be met to receive funding.*

To apply for a Fertility subsidy, please submit the following documents:

- Fertility Subsidy Application form
- Original or copy of original receipts for ART that reflect treatment and dates of treatment (request and include a signed letter from the ART clinic to validate the dates of treatment only if the treatment dates are not reflected on receipts).
- Expense Claim Form (please number receipts to match each expense listed)
- Request for Cheque and Electronic Fund Transfer forms (please complete both forms)

You will only receive notification if you have:

- Submitted an incomplete application
- Been deemed ineligible
- Already maximized your allowed subsidy

Otherwise, you can anticipate receiving your reimbursement 30-60 days after we receive your completed application package.

Sincerely,  
NLFS Administration





**Major's Path  
Newfoundland and Labrador Fertility Services (NLFS)  
Fertility Subsidy Application**

**Applicant Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 MCP Number: \_\_\_\_\_ MCP Expiry Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Town/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Alternate Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Major's Path NLFS Referring Physician Name**

**ART Clinic:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Indicate Treatment and Date of Treatment:**

Embryo transfer	Donor egg cycles
Fresh    Froze	
Donor embryo cycles	Oocyte cryopreservation
Intracytoplasmic sperm injection	Gestational carrier cycles
Other	
Treatment Name	

**Declaration of Eligibility:**

I do solemnly declare that:

- I hold a valid MCP card issued by Newfoundland and Labrador (NL)
- I have been assessed by a Major's Path NLFS reproductive endocrinology and infertility specialist for fertility concerns and have received treatment after August 4, 2021.
- The Assisted Reproductive Technology (ART) treatment costs that I am claiming are not eligible for coverage by any other provincial program or private sector insurance plan.
- I acknowledge and understand that I may claim eligible incurred costs of ART procedures and pharmaceutical products up to \$5,000 (per treatment) for a maximum of three treatments (max \$15,000).
- I acknowledge and understand that costs associated with ART treatment incurred outside of the province of NL will be eligible, only if the specific treatments are unavailable in the province.
- I have attached original receipts or clear copies of original receipts from a Canadian ART clinic which identifies the date the treatment services were rendered.
- I acknowledge and understand that payment of my claim is subject to the availability of government funding.

I, the applicant, hereby declare that the information provided on this application, and in any documents attached, is correct and complete.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information:** The collection of information on this form by Eastern Health is necessary for the purposes of assessing and verifying eligibility of this subsidy and for other purposes related to administration of the program. In accordance with the NL Personal Health Information Act and with your consent, information obtained from this form may be used by or disclosed to appropriate employees for the purposes of evaluation of this subsidy. I consent to the collection and use of my personal health information for the purposes outlined above only for the time period of eligibility for benefits under this subsidy. I understand that if I wish to withdraw this consent I may do so at any time. I understand that by withdrawing my consent I will no longer be eligible for benefits. I consent to the sharing of this information with appropriate employees of Eastern Health and the Government of NL.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete, sign, and submit via email (preferred), mail, or in-person. Illegible or incomplete forms will be returned. It is estimated that it will take 30-60 days for you to receive payment.

Email: [fertility.services@easternhealth.ca](mailto:fertility.services@easternhealth.ca)

**Internal Use Only**

Approved for:    Initial \$5,000    Second subsidy of \$5,000    Third subsidy of \$5,000    Denied (maximum \$ provided)  
 Other Reason for Denial (explain): \_\_\_\_\_

NLFS administrator's name (print): \_\_\_\_\_

NLFS administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_





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Financial Services

# REQUEST FOR CHEQUE

Please ensure to include all supporting documentation; including receipts.

Date: DD/MONTH/YYYY

VENDOR NUMBER: \_\_\_\_\_

To: **Accounts Payable Division:**

Prepare cheque in the amount of \_\_\_\_\_

PAYABLE TO: 

EXPLANATION:

REQUESTED BY:

APPROVED BY:

ACCOUNT NUMBER:

ACCOUNT NAME:

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## FOR OFFICE USE ONLY

INVOICE NUMBER: \_\_\_\_\_ REFERENCE NUMBER: \_\_\_\_\_

SUBTOTAL: \_\_\_\_\_ TAX: \_\_\_\_\_

TAX CODE: \_\_\_\_\_ DESCRIPTION: \_\_\_\_\_



# Eastern Health

Financial Services

# Electronic Funds Transfer (EFT) Authorization

Accounts Payable  
760 Topsail Road  
Mount Pearl, NL Canada A1N 3J5  
Telephone: (709) 752-4764 Fax: (709) 752-4541  
[www.easternhealth.ca](http://www.easternhealth.ca)  
[accounts.payable@easternhealth.ca](mailto:accounts.payable@easternhealth.ca)

Please complete all fields

[Reset Form](#)

### Transaction Type:

New  Cancellation  Change of Information

### Request Date:

DD/MONTH/YYYY

### Vendor Information

Vendor Name: \_\_\_\_\_

Remittance Name (if different than above): \_\_\_\_\_

Remittance Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Remittance Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

### Banking Information (Please attach a void cheque or bank account details)

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Transit Number:  Institution Number:  Account Number:

### Authorization

I (we) hereby authorize Eastern Health (EH) to direct payments electronically to the bank account specified here. I (we) acknowledge that the origination of the EFT transactions to my (our) account must comply with the provisions of Canadian Law. This Authorization Agreement is effective as of the date above and is to remain in full force and effect until EH receives notification of termination. I (we) agree to submit an updated EFT Authorization Agreement to EH for the cancellation of this agreement or to make any changes to the information provided within this agreement. EH will not be held liable for deposit errors as a result of incorrect financial information from the vendor.

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Date: DD/MONTH/YYYY

Scan and e-mail the completed form and voided cheque or bank account details to: [accounts.payable@easternhealth.ca](mailto:accounts.payable@easternhealth.ca).  
If you have any questions or concerns about completing this form, please contact us at the contact information above.

The individual and financial information identifiable on this form collected by Eastern Health is used only for the purpose of payment of vendor invoices and will not be disclosed to anyone other than the claimant or his/her legal representative.

### For Office Use Only

Vendor Number: \_\_\_\_\_ Date: DD/MONTH/YYYY Name: \_\_\_\_\_ Signature: \_\_\_\_\_

# FERTILITY SUBSIDY

## Frequently Asked Questions



Eastern  
Health

### What is Assisted Reproductive Technology (ART)?

ART includes fertility treatments in which either oocytes or embryos are handled. ART procedures involve surgically removing oocytes from a patient's ovaries, combining them with sperm in the laboratory, and then returning them to the recipient's uterus or freezing them for later use, a process called cryopreservation. ART has grown to include the cryopreservation of oocytes as a means of fertility preservation.

ART does not include treatments in which only sperm is handled, such as with intrauterine insemination, or procedures where a patient takes medication to stimulate oocyte production without the intention of having the oocytes retrieved.

### Do I need to be patient of Newfoundland and Labrador Fertility Services (NLFS) to receive the Fertility subsidy?

Yes. Please speak with your family physician, specialist, or nurse practitioner regarding a referral to NLFS. Your consultation can be scheduled in-person or via telehealth.

### What fertility treatments are covered under the Fertility subsidy?

ART procedures included in this subsidy program are:

- In Vitro Fertilization (IVF)
- Frozen embryo transfer
- Donor egg cycles
- Donor embryo cycles
- Oocyte cryopreservation
- Intracytoplasmic sperm injection (ICSI) and sperm extraction procedures for ART
- Gestational carrier cycles where the intended parent(s) are resident(s) of Newfoundland and Labrador and all parties are residents of Canada

The eligible expenses are limited to fertility treatment at a Canadian ART clinic and prescribed medications and travel associated with this treatment, which are not covered by private insurance. All 3<sup>rd</sup> party reproduction cycles such as donor egg or embryo cycles must adhere to the rules and regulations as outlined by Health Canada.

### What is an IVF cycle?

IVF is the most commonly performed ART procedure. An IVF cycle is a series of steps including ovarian stimulation, egg retrieval, fertilization, and embryo transfer or embryo cryopreservation. The Fertility subsidy supports the "egg retrieval, fertilization, and embryo transfer or cryopreservation" portion of the IVF cycle that requires travel out of province.

### Who can support a gestational carrier cycle?

The subsidy recipient needs to be a resident of NL and patient of NLFS. The gestational carrier needs to be a resident of Canada/Canadian citizen.

### Can I choose the ART clinic that I attend?

Yes. You can choose to attend any ART clinic within Canada. If you would like more information on Canadian ART clinics, please speak with a nurse or physician at NLFS.

### **How do I apply for the Fertility subsidy?**

You can apply for this subsidy by submitting an application package to NLFS. Please submit the following documents:

- Fertility Subsidy Application form
- Original or copy of original receipts for ART treatment and related expenses up to a maximum of \$5000 per treatment.
- Expense Claim Form (please number receipts to match each expense listed)
- Request for Cheque and Electronic Fund Transfer forms (please complete both forms)

### **Where do I access the application form?**

You can email [fertility.services@easternhealth.ca](mailto:fertility.services@easternhealth.ca) and an application package will be sent to you. You can also pick up an application package at NLFS.

### **How do I submit my application package for the Fertility subsidy?**

You can submit your application package to NLFS either via email, via mail, or in-person. Our email address is [fertility.services@easternhealth.ca](mailto:fertility.services@easternhealth.ca). Our mailing address is written below.

### **How much funding can I apply for to cover the cost of my fertility treatment?**

You can apply for a subsidy of \$5,000 per treatment, for up to a maximum of three \$5,000 subsidies (totaling \$15,000) for treatments throughout your lifetime.

### **Can I combine the funding to use for one treatment?**

No. The funds cannot be combined to use during one treatment.

### **Are my costs covered to travel to/from the ART clinic?**

Travel expenses will be considered when treatment costs are less than the \$5000 subsidy.

### **Are my costs covered for medication?**

Only prescribed medications in combination with the ART treatment received out of province is eligible for coverage.

### **Can I submit receipts for multiple treatments at one time?**

Yes, but you will need to submit a separate application for each treatment cycle.

### **On the Electronic Funds Transfer (EFT) form, who is the vendor?**

You (the applicant) are listed as the vendor. In the 'Vendor Information' section of the EFT form, provide your (the applicant) information. Ensure you provide a remittance email (this is your email address) as this will allow Accounts Payable to notify you when your money is ready to be sent.

### **If approved, when will I receive my reimbursement?**

You can anticipate receiving your reimbursement 30-60 days after we receive your completed application package.

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