



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

Applicant Information:

First Name: Last Name: DOB: YY/MM/DD

MCP Number: MCP Expiry Date: Age: YY/MM/DD

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 \* Frozen YY/MM/DD YY/MM/DD
\* Donor embryo cycles \* Oocyte cryopreservation
\* Intracytoplasmic sperm injection \* Gestational carrier cycles
\* Other Treatment Name YY/MM/DD

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 a maximum of \$20,000.00.
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.

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@nlhealthservices.ca

Internal Use Only

Approved for: Initial Second subsidy Third subsidy Denied (maximum \$ provided)

Other Reason for Denial (explain):

NLFS administrator's name (print):

NLFS administrator's signature: Date: