



Southern Alberta Branch
6007 1A Street SW
Calgary, AB T2H 0G5
403 255 6108 | 1 800 268 1177
kidney.ca | info.sab@kidney.ca

THE KIDNEY FOUNDATION OF CANADA, SOUTHERN ALBERTA BRANCH HEMODIALYSIS TREATMENT TRAVEL LOAN

The Kidney Foundation of Canada, Southern Alberta Branch provides this program to help cover initial costs of dialysis treatment for patients of Alberta Kidney Care - South when traveling outside of Canada and decrease the financial burden of those living with kidney disease.

The Hemodialysis Treatment Travel Loan program is intended for individuals receiving hemodialysis treatment within Southern Alberta who are covered under the Alberta Health Care Insurance Plan (AHCIP). Individuals approved for this program will be provided with an interest free loan in the amount of money which will be reimbursed by their AHCIP for dialysis treatment and the physician's fee for up to 12 dialysis runs. Individuals who are travelling outside of the country for longer than six months are not eligible for a loan. Applications must be submitted a minimum of three weeks prior to travel departure.

The travel loan amount, borrowed from The Kidney Foundation of Canada for this program must be paid back in full upon receiving your reimbursement cheques from Alberta Health Care, this is typically three to six months after submission of your receipts to the AHCIP. The Kidney Foundation will provide a loan for up to twelve dialysis treatments to a maximum of what is presently covered by the AHCIP per treatment.

The AHCIP presently reimburses up to \$628.00 Canadian for each dialysis treatment plus approximately \$42.18 for a physician's fee of a stable patient for a total of approximately \$670.18 per run. Fees effective April 22, 2025, and are subject to change without notice. Please ensure that you receive TWO receipts upon completing dialysis treatments – one from the dialysis unit, and one from the physician. For information on how to submit a claim to Alberta Health visit <https://www.alberta.ca/ahcip-coverage-outside-canada> or call 780-422-1954 in Edmonton, or toll-free within Alberta at 310-0000, then 780-422-1954.

The Kidney Foundation of Canada is a national volunteer organization dedicated to improving the health and quality of life of people living with kidney disease. The Kidney Foundation raises all its own funds through the generous donations of the public. We are able to provide the Hemodialysis Treatment Travel Loan program as a result of this support.

Sincerely,

THE KIDNEY FOUNDATION OF CANADA

TREATMENT LOAN APPLICATION FORM HEMODIALYSIS TREATMENT TRAVEL LOAN

To be completed by Patient or Parent / Guardian of Patient *(Please Print Clearly)*.

SUBMISSION DATE: DAY _____ MONTH _____ YEAR _____

PATIENT INFORMATION

FIRST NAME(S): _____ SURNAME: _____

DATE OF BIRTH: _____

ALBERTA HEALTH NUMBER: _____

PLACE OF EMPLOYMENT: _____

CURRENT DIALYSIS CLINIC LOCATION YOU ATTEND IN ALBERTA:

NAME OF YOUR CURRENT SOCIAL WORKER: _____

NAME OF YOUR CURRENT NEPHROLOGIST: _____

PERMANENT MAILING / HOME ADDRESS:

STREET ADDRESS: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

TELEPHONE: (Home) _____ (Cell) _____ (Work) _____

EMAIL: _____

ALTERNATE CONTACT (To be contacted in the event you cannot be reached)

NAME: _____ RELATION: _____

PHONE NUMBER(S): _____ EMAIL: _____

TRAVEL INFORMATION

Applications must be submitted to The Kidney Foundation Contact a minimum of three weeks prior to the travel departure date in order to be processed prior to departure.

DEPARTURE DATE: _____ RETURN DATE: _____

LENGTH OF TRIP: _____ (Trip cannot exceed 6 months**)

TRAVELLING TO: _____

REASON FOR TRAVEL: _____

HOSPITAL(S) OR CLINIC(S) WHERE DIALYSIS WILL OCCUR:

NUMBER OF DIALYSIS TREATMENTS REQUIRED: _____
(To a maximum of twelve treatments)

COST OF EACH TREATMENT: _____
(Please specify in Canadian dollars CAD.) *Cost and days must reflect the dialysis center quote provided for travel location(s).*

TOTAL AMOUNT OF LOAN REQUIRED: _____
(To a maximum of \$670.18 Canadian dollars per number of treatments) *

Effective April 22, 2025, the fee for out-of-country hemodialysis reimbursement through the Alberta Health Care Insurance Plan (AHCIP) was fixed at \$628.00 CAD and \$42.18 CAD for physician fee for a stable patient. For a total of approximately \$670.18 per run. Fees are subject to change without prior notice. **Two receipts are required for reimbursement: one from the physician and one from the dialysis unit. **In order to qualify for the loan program, the length of your trip cannot exceed 6 months away from Canada.*

I hereby declare, conscientiously believing it to be true and knowing it to have the same effect as if it were made under oath and by virtue of the Canada Evidence Act, that the information given above is correct and that I am a beneficiary of the Medical Care Plan in the province/territory of Alberta.

(Please sign and date below)

X _____

DATE: _____



HEMODIALYSIS TREATMENT TRAVEL LOAN PHYSICIAN'S STATEMENT

I, _____ certify that,
(patient) _____ intends to
travel to _____ from
(dates) _____ to _____.
They will require _____ dialysis treatments at an
approximate cost of \$CAD _____ each.

I also certify that the patient is approved to travel while on dialysis and to my knowledge intends to return to their current Canadian residence and dialysis clinic following their travel.

Physician's Name Printed: _____

Physician's Signature: _____

Date: _____

HEMODIALYSIS TREATMENT TRAVEL LOAN PROMISSORY NOTE

I, _____ promise to repay to The Kidney Foundation of Canada, Southern Alberta Branch the sum of \$ _____ (without interest) that I received from their Hemodialysis Treatment Travel Loan program, a part of the Community Services Program.

I agree to submit my receipts to the Alberta Health Care Insurance Plan (AHCIP) immediately upon my return. These monies will be repaid to The Kidney Foundation of Canada Southern Alberta Branch as soon as possible upon my receipt of reimbursement from Alberta Health. I also agree to repay the loan within a maximum of twelve months of my return from travel regardless of delays in my submission or reimbursement from my AHCIP. I understand and agree that this loan will have a final deadline of payment at twelve months after my return, unpaid loans will be subject to collection procedures, and additional costs associated with collections of the loan will be added to the total amount due.

DATE: _____

SIGNATURE: _____

WITNESS: _____

IMPORTANT - PLEASE ATTACH WITH THIS APPLICATION A COPY OF THE FOLLOWING:

- Valid photo ID. (Must be 18 yrs. or older, or the guardian of patient)
- Proof of Southern Alberta residence. Such as a bill with your address or valid driver's license.
- Quote from dialysis center to which you intend to travel detailing the number of treatments, estimated cost per run, and Physician's fee.
- Proof of travel departure and return dates – e.g., Copy of booked transport. Such as flights or cruises. If you are driving to your destination, please contact us to discuss.

Travel details or bookings can be provided later; however, the loan will not be approved until travel is confirmed.

Applications must be submitted to The Kidney Foundation Contact a minimum of three weeks prior to the travel departure date in order to be processed prior to departure. Approved loans will not be provided until just before your departure date.

OPTIONS FOR REPAYMENT OF MY HEMODIALYSIS TREATMENT TRAVEL LOAN

- **By Cheque or Bank Draft** - This can be delivered in person or mailed to:

6007 - 1A Street SW
Calgary AB, T2H 0G5
Attention: Hemodialysis Treatment Travel Loan Program

Please make all cheques payable to: *The Kidney Foundation of Canada*

Please make a note on this cheque that it is for *The Hemodialysis Treatment Travel Loan*.

- **By Credit Card** - You can either come into the office in person or provide the card number over the phone.
- **By Cash** - Repayment by cash can only be made in person at The Kidney Foundation of Canada office at 6007 1A street SW, Calgary AB, T2H0G5. A receipt of payment will be issued at that time. Please retain your proof of payment in the event that the repayment is questioned in the future.

CONTACT US

The Kidney Foundation of Canada Southern Alberta Branch, Hemodialysis Treatment Loan Program

Jill Goth

Manager, Programs and Public Policy
Kidney Foundation of Canada, Southern Alberta
6007 1A street SW, Calgary AB, T2H 0G5

PHONE: 587-328-4828

FAX: 403-255-9590

Jill.goth@kidney.ca

[Kidney Foundation - The Kidney Foundation of Canada - Programs & Services](#)

Check for all or any Travel restrictions & Consider Travel Insurance

Please be advised that, effective April 1, 2020, only the cost of insured emergency physician and/or hospital services received outside of Canada is eligible for reimbursement under the Alberta Health Care Insurance Plan. Travel medical insurance is strongly recommended for travelers leaving the country.

Alberta physicians and patients should confirm that the out-of-country facility is still accepting Canadian patients.

Keep in mind that depending on where you are travelling to, return travel may also be severely disrupted for several reasons. Patients may be forced to remain outside of Canada longer than expected.

RESOURCES:

For travel advisories please visit:

[Travel advice and advisories - Travel.gc.ca](https://travel.gc.ca)

For information regarding travelling and Covid 19, please visit:

[COVID-19: Travel, testing and borders - Travel.gc.ca](https://travel.gc.ca/covid-19)

Further travel resources are on the Alberta Health, Alberta Kidney Care website:

<https://www.albertahealthservices.ca/info/Page11066.aspx>

See page 112 in the Kidney Foundation Book – **Living with Kidney Failure** for general travel tips. Or you can view the online version at <https://kidney.ca/Support/Resources/Living-With-Kidney-Failure-6th-Ed>

For additional travel insurance tips please visit our website at:

<https://kidney.ca/Support/Resources/Insurance-Tips#>

- Make sure you understand the exclusions and limitations of any travel policy. For example, some policies will not provide coverage if you have changed medications, stopped taking a medication (even if it is because your condition has improved) or changed your medication dosage (raised or lowered) within 30 days of traveling.
- If you are relying on travel insurance provided through your credit card, make sure you understand all the exclusions, limitations and clauses for pre-existing conditions so that you know how much you are truly covered for and how the insurance company will handle any pre-existing conditions if you need to make a claim.
- Look for insurance that covers the person (which is assessed at the time you apply for coverage) rather than the trip (which is assessed at the time you make a claim).
- Most travel insurance policies will limit the number of days of travel coverage that you have. Make sure that your trip does not last longer than your insurance coverage.