



## Service Providers Frequently Asked Questions



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### Travel Expenses

1. [What does the Statutory Accident Benefits Schedule - Effective September 1, 2010 \(SABS\) require an auto insurer to pay for a health care provider's travel time \(e.g., to and from an insured person's home or workplace\) in order to provide medical or rehabilitation services?](#)
2. [What does the Statutory Accident Benefits Schedule - Effective September 1, 2010 \(SABS\) require an auto insurer to pay for a health care provider's transportation expenses such as mileage expenses, in connection with the provider's travel \(e.g., to and from an insured person's home or workplace\) in order to provide medical or rehabilitation services?](#)

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#### **What does the Statutory Accident Benefits Schedule - Effective September 1, 2010 (SABS) require an auto insurer to pay for a health care provider's travel time (e.g., to and from an insured person's home or workplace) in order to provide medical or rehabilitation services?**

Sections 15 & 16 of the SABS require an auto insurer to pay only for medical and rehabilitation expenses that are "reasonable and necessary."

An insured person would generally be expected to attend at a health care provider's place of business to receive most medical or rehabilitation services.

However, in appropriate circumstances an OCF-18 (Treatment and Assessment Plan) could seek the insurer's prior agreement to pay not only for the actual provision of those services, but also for the provider's travel time (e.g., to and from an insured person's home, school, workplace or other functional community setting) to provide those services. In such a case, the SABS would require the insurer to agree to, and pay for, only as much (if any) of the provider's travel time as is demonstrated to be "reasonable and necessary" in the circumstances. The maximum fee payable by the insurer for any "reasonable and necessary" travel time would be governed by the Professional Services Guideline.

A disagreement between an insured person and an insurer over whether any provider travel proposed in an OCF-18 is “reasonable and necessary” would be a dispute open for resolution through the dispute resolution process, just as would be the case with a disagreement over whether any proposed medical or rehabilitation service itself is “reasonable and necessary”.

**What does the Statutory Accident Benefits Schedule - Effective September 1, 2010 (SABS) require an auto insurer to pay for a health care provider’s transportation expenses such as mileage expenses, in connection with the provider’s travel (e.g., to and from an insured person’s home or workplace) in order to provide medical or rehabilitation services?**

Sections 15(2)(c), 16(4)(f) and 19 (1)(b) of the SABS provide that an auto insurer is liable only for transportation expenses that are “authorized transportation expenses” as defined in section 3 (1).

In section 3(1), and in the Transportation Expense Guideline referenced in that section, “authorized transportation expenses” are expressly limited to expenses related to the transportation of the insured person, and of the insured person’s aide or attendant, if any.

As a result, any mileage and other expenses related to the transportation of anyone other than the insured person (and aide or attendant, if any) are not “authorized transportation expenses” under the SABS, and auto insurers are not required to pay for such expenses if claimed by a health care provider, even in circumstances where the insurer is paying for the provider’s travel time.

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