

External Breastforms Program

The External Breastforms Program is intended for persons covered under the Québec Health Insurance Plan who have undergone a total, radical or partial mastectomy, and for those age 14 or over who have received a diagnosis of aplasia (total absence of breast formation).

Program coverage

For each breast and per 24-month period, the program reimburses the purchase or replacement cost of an external breast form up to a maximum of:

- \$447 for a full breastform
- \$264 for a partial breastform

To qualify for a reimbursement, the breastform must have been purchased in Québec.

Procedure to obtain a reimbursement

1. Fill out and print the form *Application for Reimbursement - External Breastforms Program*. This form is available on our website, in the [External breastforms](#) section.
2. Gather the documents to be attached to your application. Other documents necessary for the assessment of your application may be required.

DETAILED INVOICE AND PROOF OF PAYMENT (ALL APPLICATIONS)	MASTECTOMY (FIRST APPLICATION ONLY)	APLASIA (FIRST APPLICATION ONLY)
Original invoice including: <ul style="list-style-type: none"> • Your first and last names • Name, address and telephone number of the business where you purchased the breastform • Date of purchase • Description and price of the breastform 	Medical prescription specifying: <ul style="list-style-type: none"> • Your first and last names • Date of the surgery • Type of surgery (total, radical or partial mastectomy) • Legible date and signature, name and number of the health professional 	Medical prescription specifying: <ul style="list-style-type: none"> • Your first and last names • Confirmation of a total absence of breast formation • Legible date and signature, name and number of the health professional

3. Send the completed form and required documents to the address appearing on the reverse. We recommend that you keep copies of the documents that you send us.

For further information

ramq.gouv.qc.ca

Québec:	418 646-4636
Montréal:	514 864-3411
Elsewhere in Québec:	1 800 561-9749

Mailing address

Régie de l'assurance maladie du Québec

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