

HIGHLANDS & ISLANDS TRAVEL CLAIM FORM



CLAIMS MUST BE SUBMITTED NO LATER THAN 3 MONTHS FROM DATE OF TRAVEL

Patient Name: **Escort Name:**

Address: **Address:**

.....

Post Code: **Post Code:**

Date of Birth: **GP Practice:**

Phone Number **Email Address**

Payment will be paid by bank transfer. Please select who payment is to be made to: Patient or Escort

Bank Account No: **Sort Code:** - -

Section 2: To be completed by Medical Officer of GP.

IF AN ESCORT IS REQUIRED –

Have you applied for escort funding? **Yes** – What was your travel booking reference?

No - You will need to fill in a Patient Escort Form (form 2) – this can be found at www.ohb.scot.nhs.uk – Our Services A-Z - Patient Travel and submit this along with your claim form.

INTER ISLES USE OF A CAR –

If you have a Blue Badge what is your Document Number:

Expiry Date: **if you do not have a Blue Badge**, you will need your GP to authorise your car on the boat for a medical reason:

Date: **Signature:** **Designation:**

Section 3: To be completed by Hospital staff.

****IT IS UP TO YOU TO GET THIS SECTION IS SIGNED AT YOUR HOSPITAL APPOINTMENT****
If this is not done your claim may not be processed.

Which Hospital Did you attend? **Was this a Waiting Times appointment? Y/N**

Outpatients Appointment Date: **Time:**

Inpatients Date of Admission: **Time:** **Date of Discharge:** **Time:**

Date: **Signature:** **Print Name:** **Designation:**

Receptionist / Nursing Staff – Please note that by signing this form you are not signing to authorise any claims made by the patient/escort, only to confirm attendance at their appointment. Thank you)

Section 4: To be completed by patient.

I certify that I am in receipt of (please tick applicable benefit) **YOU WILL NEED TO PROVIDE PROOF OF BENEFIT COVERING YOUR APPOINTMENT DATE** or the patient contribution will be deducted from your claim.

- | | |
|---|--|
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Pension Credit Guarantee Credit |
| <input type="checkbox"/> Income-based Jobseekers Allowance (JSA (IB)) | <input type="checkbox"/> Universal Credit |
| <input type="checkbox"/> Income-related Employment and Support Allowance (ESA (IR)) | <input type="checkbox"/> NHS HC2 Certificate |
| <input type="checkbox"/> NHS Tax Credit Exemption Certificate/Card | |

PLEASE STATE REASON FOR USING TAXI (IF CLAIMED FOR):

Private hire/taxi costs must not be incurred when public transport is available. A free minibus service is available for patients travelling from Aberdeen Airport to Aberdeen Hospitals.

PLEASE STATE REASON FOR OVERNIGHT STAYS (IF CLAIMED FOR):

Unavoidable overnight expenses may be met, up to certain limits. Patients and/or escorts are expected to obtain the most economic accommodation available within the vicinity of the hospital attended. We will only reimburse bed and breakfast, any other meals you will be required to pay for yourself.

Date	Patient	Escort	What expenses are you claiming, please detail below? Please attach all relevant original receipts . No reimbursement will be made without receipts.	Boat, Plane, Car, Bus, Train Accom.	No of Miles (Cost calculated by finance)	Amount Claimed	
22/4/24	Y		<i>Example - Mileage from home to Aberdeen – driving to appointment</i>	Car	456 miles		
Less patient contribution (unless proof provided of qualifying benefit)							
						TOTAL	-£10 00

DECLARATION AND SIGNATURE BY (OR ON BEHALF OF) PATIENT:

I certify that I reside, or my place of permanent employment is in the Orkney Islands and that the information I have given on this form is correct and complete and that I have not claimed elsewhere for the expenses detailed on this form.

Patient's / Escort Signature: _____ **Date:** _____

Section 5: To be completed by Finance Dept.

TO BE SIGNED BY AUTHORISED FINANCE REPRESENTATIVE

I have checked the details of this claim and authorise payment of £ _____

Date: _____ **Signature:** _____ **Designation:** _____

TO BE SIGNED BY PATIENT/ESCORT (WHEN EXPENSES REIMBURSED IN CASH)

I acknowledge receipt of the sum of £ _____

Date: _____ **Signature:** _____

This form is for use by patients (and escorts) resident in or whose place of permanent employment is in Orkney who have been referred to hospital by a medical officer or who attended by appointment.

The distance travelled from home (or place of residence) to hospital must be 30 miles or more or must have involved a journey by sea of 5 miles or more.

In the case of children under 16 the form should be completed and signed by parent or guardian.

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If you have any queries about travel expenses reimbursement please contact: Travel Administration at NHS Orkney, The Balfour, Foreland Road, Kirkwall, Orkney Isles, KW15 1NZ

Telephone: 01856 888045 Email: ORK.traveladmin@nhs.scot Website: www.ohb.scot.nhs.uk