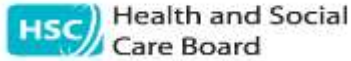


For office use only
ECR reference

Travel Reference



Patient Travel Reimbursement Form

Patient Details		
Patient Name:		
Patient DoB:		
Patient Address: (include postcode)		
Contact Tel – Home:		
Contact Tel – Mobile:		
Contact – Email Address:		
Name of escort(s):		Under 5 years
Treatment Details		
Name of Receiving Hospital Attended:		
Name of Receiving Consultant:		
Name of Local NI/ Referring Hospital Attended:		
Name of Local NI/ Referring Consultant:		
Dates of Travel:	Outgoing Travel Date <input type="text"/> Time of outgoing flight _____	Incoming Travel Date <input type="text"/> Time of incoming flight _____
Dates in Hospital:	Appointment / Admission Date <input type="text"/>	Discharge Date <input type="text"/>

Expenses	Number of Receipts?		Total Cost (£)	Official Use Only
Travel receipts (bus / tube / rail / flight / taxi)				
Accommodation				
Mileage @ 0.35 per mile (from 1 st Nov 14 - (Public Transport Rate)				
Do you wish to claim subsistence allowance (see below)	YES	No		
Total Amount (£)				Approved by
Subsistence will be calculated based on £15 per person/£5 child under 5 per full day, please note that inpatients will be excluded as their food needs are met in hospital) and added to this claim.				
Payment Details				
Preferred Payment Method: (please tick)	Cheque <input type="checkbox"/>		Bank Account payment (BACS) <input type="checkbox"/>	
Cheque Payee Name / Name on Account:				
Bank / Building Society Name:				
Branch Name / Location:				
Sort Code (6 digits):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Number (8 digits):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appointment letter included Receipts included

I certify that expenses claimed above have been incurred as a result of a referral for Healthcare treatment outside Northern Ireland.

Signed: _____

Date: _____

Please return completed forms to Patient Travel Team, 12/22 Linenhall Street, Belfast, BT2 8BS.

Please note: The HSC Board can only provide reimbursement, upon presentation of (original) receipts, for *reasonable* expenses, for example: public transport and basic grade hotels. *Please keep a copy of all receipts that have been sent into the office.* Failure to submit originals travel receipts or a copy of your appointment letter may result in a delay in the processing of your reimbursement claim.

If you have any doubts regarding whether or not an expense can be reimbursed, please contact the Patient Travel Office 0300 555 0116 for guidance before committing yourself to the expense.