

Healthcare Travel Costs Scheme

Quick guide for patients

Please ask for the forms from the clinic, ward, or department you are attending.

Please ensure you have completed the front of the form with all relevant details

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

HEALTHCARE TRAVEL COSTS SCHEME - PATIENT TRAVEL CLAIM FORM

PATIENT/CLAIMANT

Surname: _____

Number: _____

Home Address: _____ Post Code: _____

Name of Escort (if applicable – see note 4): _____

CLAIM DETAILS

Type of Transport used (Bus/Train/Car/Taxi [see note 5]): _____

Other – specify and attach receipts: _____

Declaration: *I declare that the information given on this claim form is true and correct to the best of my knowledge. I understand that I may be liable to prosecution and/or civil proceedings if I knowingly provide false information. I consent to disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation.*

Claimant's signature: _____ Print Name: _____

Date claim submitted: D D M M Y Y

NOTES FOR PATIENT/CLAIMANT

1. Receipts for the expenses claimed, e.g. bus tickets, should be attached.
2. The claim form must be authorised and signed by a member of staff in the department/clinic in which the appointment was held.
3. Claims for Escorts will only be reimbursed if a patient is eligible for the scheme (including parent/guardian of a child under 16 escorting a child to an appointment). A health professional involved in the patient's care must confirm the escort was medically necessary due to the condition/status of the patient.
4. Under the rules of HTCS the refund of taxi fares will only be considered appropriate if it is not appropriate (i.e. the claimant lives in a very rural area with poor public transport) and the patient is considered medically exempt from travelling on public transport. Where a medical exemption exists, proof in the form of a letter from a health professional is required before a full refund is issued - **without a letter reimbursement will not be considered.**

7. Send this form and any receipts with the completed HCS(T) form, to NHS Business Service Authority, the address can be found on the HCS(T) form, they will check that you are entitled to travel cost reimbursements then return your documents to the finance department for reimbursement, including postage.
8. Payment will be made straight to your bank account if you have provided your bank details, otherwise you will receive a cheque payment to your provided address.

DEPARTMENT AUTHORITY
(To be completed by Department/Clinic Staff - for multiple attendances see below)

Appointment with: _____ Escort Necessary: (see note 4) Yes No

Name of Clinic/Department: _____

Date of Appointment: D D M M Y Y

Attendee Name: _____

Authorisation & Payment Authorised by (PRINT & SIGN BELOW):

Name: _____

Only Complete this Section for Multiple Appointments to the same Department/Clinic (this must be within 2 months of the main appointment detailed above)

Date	D	D	M	M	Y	Y	Authoriser's Name:	Signature:
Date:							Authoriser's Name:	Signature:
Date:							Authoriser's Name:	Signature:
Date:							Authoriser's Name:	Signature:
Date:							Authoriser's Name:	Signature:
Date:							Authoriser's Name:	Signature:
Date:							Authoriser's Name:	Signature:

Kindly read and understand these notes 1 - 8. Rules relating to the checking of eligibility for claims are set by DHSC/NHS England. The Finance Team is only applying these rules so please respect them.

Before submitting the form – please ensure you have got them authorised by a member of the clinic, ward, or department staff

