National Travel Assistance Claim Form

MINISTRY OF HEALTH
MANATŪ HAUORA

- **This form must be completed in full by the patient registered for National Travel Assistance or their representative. Please sign on reverse, incomplete forms will be returned.**
- Post the completed form to: **National Travel Assistance, PO Box 1026, Wellington 6140.**
- For help with the form phone National Travel Assistance on **0800 281 222** (press 2).

Patient ID

1. Patient details

First name(s)

Last name

NHI number

Date of birth

Sex

Male ☐ Female ☐

Community Services Card number

0 0 0 0 0

Expiry date

2. Payment details – name of bank account where your claim will be paid

Account name

Bank

Branch

Bank account number

Bank | Branch | Account number | Suffix

Please attach a verified copy of your bank account details.

3. Residential address of patient

Unit/Flat No.

Street No.

Rural ID

Street name

Suburb

City/town

Postcode

Alternative postal address (ie, PO Box)

Contact phone number

0

Cell phone

Email address

Important information and checklist for claiming

- ☐ You must register and be eligible before you can claim travel assistance.
- ☐ Please take this claim form to your appointments to be signed and stamped as attended by treatment facility or hospital, or attach Proof of Attendance or Discharge Notice.
- ☐ Please attach original itemised receipts for public transport and accommodation. Note: ATM, EFTPOS and photocopied receipts are NOT acceptable.
- ☐ You can only claim for appointments attended in the last 12 months.
- ☐ If this is your first claim, or your bank account details have changed, please attach a printed deposit slip or the top of your bank statement or an account verification from your bank.
- ☐ You are not able to claim for any appointments where you have received petrol vouchers or other prepayments.
- ☐ Please ensure you have signed the declaration on reverse of form.

Please turn overleaf to complete claim details declaration

4. Expense details

Date	Tick for trip by private vehicle One way	Return	Public and specialised transport costs	Accommodation costs	Tick if support person costs	Attending facility or hospital treating department	Signature of hospital confirmation and stamp (proof of attendance)
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		Totals	$.	$.			

Mileage is calculated at registration from the patient's residential address to the attending facility or hospital treating department via the shortest practical route.

5. Declaration

I understand that:

- this form will be sent to the Ministry of Health where my claim will be processed on behalf of my DHB and that my DHB and the Ministry of Health may use this information to pay my claim and monitor access to health and disability services in a manner consistant with the Privacy Act 1993
- the information I provide will be held securely by the Ministry of Health and my DHB and will be kept confidential except when required to be disclosed by law. I have the right to access this information by enquiring to the Ministry of Health and I may also request that it be corrected
- the Ministry of Health can decline reimbursing the expenses of any person who does not meet Ministry of Health eligibility criteria
- the Ministry of Health is not obliged to enter into any correspondence as a result of any decision made in relation to reimbursement under the National Travel Assistance Scheme
- if the Ministry of Health makes an overpayment to me, I may be obliged to repay the amount of the overpayment and that the Ministry of Health will contact me to discuss repayment options.

I declare that the above information is true and correct

Signature

Date / /

Signature of claimant or their representative.
A parent or guardian may sign on behalf of a child.