

Claim Form for Patient Expenses

Section 1: To be completed by the patient or their representative

Patient Name: **Mr. Joe Bloggs**

Patient Address: **123 Anystreet Road, Stornoway, Isle of Lewis**

Postcode: **HS1 2XX** Tel. No: **01851 123456**

Patient DOB: **01 / 01 / 1970** CHI No: **123456789**

Travel Escort Name: **Mrs Annie Other**
(if applicable)

Travel Escort Address: **129 Anystreet Road, Stornoway, Isle of Lewis**

Postcode: **HS1 2XX**

Accommodation: **ACME Hotel, 456 Station Road, Glasgow**

(name/address of overnight stay) Postcode: **G1 123**

Section 2: To be completed by hospital ward/dept attending to confirm patient attendance. Travel expenses to be paid by NHS Western Isles

HOSPITAL ATTENDED **Queen Elizabeth University Hospital, Glasgow**

WARD NUMBER/NAME: **Ward number 5**

HOSPITAL CONSULTANT: **Dr. Grey**

INPATIENTS: DATE OF ADMISSION **03 / 01 / 2022** TIME OF ADMISSION **11 / 00 / am**

DATE OF DISCHARGE **05 / 01 / 2022** TIME OF DISCHARGE **2 / 30 / pm**

OUTPATIENTS AND DAYCASE PATIENTS: DATES AND TIMES OF APPOINTMENTS:

1 / / :	6 / / :
2 / / :	7 / / :
3 / / :	8 / / :
4 / / :	9 / / :
5 / / :	10 / / :

Continue on separate sheet if required

YOUR OWN LOCAL GP: **Dr. Anatomy, Group Practice**

I confirm that the patient named above attended this hospital on the dates stated above:

Signature

Designation

Date / /

Hospital

Ward Number/Name

HOSPITAL STAMP



HOSPITAL STAMP

Section 3: To be completed by the patient or their representative

Dates: (on or between)	Travel: Indicate journey type and whether Return (R) or Single (S). If car used, detail mileage driven. Accommodation: Indicate type	Cost for Patient	Cost for Escort
1 03/01/2023	R - Car Home to Stornoway Airport (65 miles)	£15.60	
2 03/01/2023	S - Bus Glasgow Airport to Buchanan Str Station	£14.00	£14.00
3 03/01/2023	S - Bus Buchanan Str Stn - to QEUHospital	£7.50	£7.50
4 03/01/2023	S - Escort B&B Accommodation (receipt attached)		£50.00
5 04/01/2023	S - QEUHospital to Glasgow Airport	£25.00	
6			
7			
8			
9			
10			
11			
12			
	<i>Continue on a separate sheet if required</i>	Sub-Totals	£62.10
			£72.50

For Office Use only	Total travel expenses (Patient & authorised Escort)		- £10.00
	Advance payment (where applicable)	- £	

Please state reason for using taxi (if claimed for) **Recovering from hip operation, using a walker and Doctor advised against using public transport**

Please state reason for overnight stays (if claimed for)

<p>Evidence of Benefits (if applicable) Please include evidence of eligibility with this Claim Form for refund of all expenses (e.g. Work & Pensions benefits letter) and indicate income-based support you receive. Evidence will be returned.</p> <p>This includes: Income Support / Universal Credit / Income-related Employment & Support Allowance / Income-based Job Seeker's Allowance / Pension Credit (Guarantee Credit) / valid NHS Tax Credit Exemption Certificate.</p>	For Office Use only
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Declaration and signature by (on behalf of) patient
I certify that I live or I am permanently employed within the Western Isles and that my claim is for hospital travel expenses (in excess of £10.00) and was necessarily incurred by me (including any travel costs for travel escort or child) as detailed above. I certify that no part of this claim refers to a journey in transport provided by or on behalf of the Ambulance Service. I further certify that this claim does not include any cost (or part cost) towards my travel where I have received financial assistance from any other body.

The above information is correct to the best of my belief.

Patient signature: **Mr. Joe Bloggs** Date: **05 / 01 / 2023**

NHS Western Isles will not reimburse expenses that break the guidelines and they will prosecute persons who deliberately defraud or attempt to defraud the health service of public funds. All claims must be submitted within three months of returning from hospital.

Section 4: Office Use only

I have checked the details of this claim as listed above and hereby authorise payment of in excess of £10 (where applicable) and/or advance (where applicable for travelling expenses). Where payment included an authorised escort, authorisation has been confirmed.

Signature: Designation: Date: £