

# Claim Form for Patient Expenses

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

Patient Name: .....

Patient Address: .....

Postcode: ..... Tel. No: .....

Patient DOB: ..... CHI No: .....

Travel Escort Name: .....  
(if applicable)

Travel Escort Address: .....

..... Postcode: .....

Accommodation: .....  
(name/address of  
overnight stay) ..... Postcode: .....

## 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

WARD NUMBER/NAME: .....

HOSPITAL CONSULTANT: .....

**INPATIENTS:** DATE OF ADMISSION ..... / ..... / ..... TIME OF ADMISSION ..... / ..... / .....

DATE OF DISCHARGE ..... / ..... / ..... TIME OF DISCHARGE ..... / ..... / .....

### OUTPATIENTS AND DAYCASE PATIENTS: DATES AND TIMES OF APPOINTMENTS:

1 ..... / ..... / ..... : .....

2 ..... / ..... / ..... : .....

3 ..... / ..... / ..... : .....

4 ..... / ..... / ..... : .....

5 ..... / ..... / ..... : .....

6 ..... / ..... / ..... : .....

7 ..... / ..... / ..... : .....

8 ..... / ..... / ..... : .....

9 ..... / ..... / ..... : .....

10 ..... / ..... / ..... : .....

*Continue on separate sheet if required*

**YOUR OWN LOCAL GP:** .....

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

**HOSPITAL STAMP**

Signature .....

Designation .....

Date ..... / ..... / .....

Hospital .....

Ward Number/Name .....

**HOSPITAL STAMP**

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

<b>Dates:</b> (on or between)	<b>Travel:</b> Indicate journey type and whether Return <b>(R)</b> or Single <b>(S)</b> . If car used, detail mileage driven. <b>Accommodation:</b> Indicate type	<b>Cost for Patient</b>	<b>Cost for Escort</b>
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
	<i>Continue on a separate sheet if required</i>	<b>Sub-Totals</b>	

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

**Please state reason for using taxi (if claimed for)**

**Please state reason for overnight stays (if claimed for)**

<p><b>Evidence of Benefits (if applicable)</b> Please include evidence of eligibility with this Claim Form for refund of all expenses (e.g. Work &amp; 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 &amp; Support Allowance / Income-based Job Seeker's Allowance / Pension Credit (Guarantee Credit) / valid NHS Tax Credit Exemption Certificate.</p>	<b>For Office Use only</b>
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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: ..... Date: .....

**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: ..... £