

Please read this page before filling in this form - it will help you make this claim correctly. Use a separate form for each person who has paid travel costs or has had travel costs paid for them. **Part 4** tells you where to send the completed form. Before you do this, you must sign and date the declaration.

WHAT CAN YOU CLAIM FOR?

NOTE

The information on this form may be disclosed in confidence to other public bodies as appropriate for the purposes of checking entitlement and preventing or detecting fraud. False information may lead to prosecution or legal action.

If you are referred for **NHS treatment under the care of a consultant, or referred by a doctor or dentist**, and you travel to receive that treatment you can claim help with the cost of your travel on low income grounds. If you are referred by a doctor or dentist to the same premises but on a different day you can claim for that travel cost.

If you need help with travel costs and you are:

- under 16 – your parent(s) should fill in this form – **it is their income that counts**
- aged 16 or over – fill in the form yourself

You may also have to submit an HC1 claim form (see part 4). **If you have paid an NHS prescription charge** you must use the prescription receipt form FP57 to claim a refund. Ask for that receipt form when you pay - **you can't get one later**. It tells you what to do.

If you have paid for other NHS charges you must use the claim form for the charge you have paid. There are separate forms for each type of charge (for example one for optical charges, another for NHS dental treatment charges and another for NHS wig and fabric support charges).

YOUR CLAIM CANNOT BE ACCEPTED...

If your capital (value of total savings) on the date you paid was more than the limit (unless you are named on or entitled to an NHS Tax Credit Exemption Certificate). This is £16,000 (or £21,500 for people living permanently in a care home). If you are reading this after 1 May 2008, you should check to see if the capital limits have changed.

HOW TO CLAIM FOR SOMEBODY ELSE

If you are filling in this form for someone who is physically incapable of doing so, ask them to tell you what to fill in for them. They should then sign or make their mark in **Part 4A**.

If however, you are filling in the form for someone with learning difficulties or an illness that prevents them from managing their own affairs, you are responsible for making sure the information is correct. You should sign the form yourself in **Part 4B**.

TIME LIMIT FOR CLAIMING

You must ensure that this claim form is received by the relevant office identified in **Part 4** **within 3 months** of the date that you paid any charges. If you make the claim after 3 months, the NHS Business Services Authority has to decide if there is a good reason for it being late before it can be accepted. Please send a written explanation with your claim.

MORE REFUND INFORMATION

More refund details can be found in leaflet HC11 "Help with Health Costs" available from any Jobcentre Plus office or NHS hospital. Some pharmacists, dentists, opticians or doctors may also have them.

The leaflets are also available on line at: www.dh.gov.uk/helpwithhealthcosts for the HC11. If you have any further queries or need help filling in the form you can speak to an advisor on 0845 850 1166.

Part 4

PATIENTS INCOME WHEN THE TRAVEL COSTS WERE PAID

Tick whichever box below applied **when the travel costs were paid** and give the information we ask for.

Group 1 I have a War pension and I am being treated for my accepted disablement
Send this form to: Veterans Agency, Norcross, Blackpool FY5 3WP.

Group 2 My name was on an NHS certificate HC2 or HC3
If you are 16, 17 or 18 in full-time education, go to Group 4 below.
The person holding the certificate was:
Send this form to: NHS Business Services Authority, Sandyford House, Newcastle-upon-Tyne NE2 1DB.

Group 3 I was getting one of these benefits/credits listed below.
 I am the partner or a dependant child/young person of somebody who was getting one of these benefits/credits.
The person getting the benefit/credit was:
If this person was not the patient, please tell us either or
their date of birth their National Insurance number:
 Income Support – send this form to your local Jobcentre Plus office
 Income-based Jobseeker’s Allowance – send this form to your local Jobcentre Plus office
 Pension Credit guarantee credit – send this form to the Pension Centre who dealt with your claim (Pension Credit savings credit does not count)
 Named on or entitled to an NHS Tax Credit Exemption Certificate
Send this form to NHS Business Services Authority, Sandyford House, Newcastle-upon-Tyne NE2 1DB

Group 4 I am not in groups 1 to 3, but wish to claim a refund for travel costs paid.
 I am aged 16, 17 or 18 in full-time education and wish to claim a refund for travel costs paid.
Send this form to NHS Business Services Authority, Sandyford House, Newcastle-upon-Tyne NE2 1DB. You will also need to fill in an HC1 claim form which is normally available from a Jobcentre Plus office or NHS hospital, your doctor, dentist or optician may have one too. If you are unable to obtain a form you can get one by calling 0845 850 1166 or visiting www.ppa.org.uk.

DECLARATION AND SIGNATURE

WARNING

**False information may lead to civil or criminal action.
If you are signing for somebody else, you will be responsible for the information provided.**

I declare that the information given on this form and the supporting documents are correct and complete and I understand that if I knowingly provide false information, I may be liable to prosecution and/or civil proceedings.

I consent to the disclosure of relevant information on this form to and by HM Revenue and Customs and Local Authorities for the purpose of verification.

I also consent to the disclosure of information on this form to the Counter Fraud and Security Management Service, a division of the NHS Business Services Authority, for the purpose of the prevention, detection, investigation and prosecution of fraud and any other unlawful activity affecting the NHS.

This is my claim for a refund of the travel costs listed in Part 2

If you are signing for yourself

4A Signature: Date:

This is a claim on behalf of the person named in Part 1 for a refund of the travel costs listed in Part 2

If you are signing for somebody else

4B Signature: Date:

Name: (in capitals)

Address:

Postcode:

Part 5 FOR OFFICIAL USE ONLY

TO

If you are a private hospital providing NHS treatment commissioned by:

- a Primary Care Trust - send this form to the PCT in whose area the patient resides
- an NHS Trust - send this form to the trust which commissioned the treatment

FROM NHS Business Services Authority or one of the bodies listed in Part 4:

For use by the bodies listed in Part 4

I confirm that the patient named in Part 1 of this form is entitled to:

a full refund of necessary travel costs paid in any one week on or after

a refund of the difference between £ and necessary travel costs paid in any one week on or after

The actual amount(s) paid is(are) shown on the attached receipts

I confirm that this claim has been accepted outside the 3 months time limit.

Please pay the appropriate amount to the patient named in part 1 of this form.

Signature: _____ Date:

Name: _____
(in capitals)

AUTHORISATION STAMP

OFFICE ADDRESS STAMP

NOTES	TEAM	REFERENCE NUMBER
	LOCATION	