

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.

You can claim help with the cost of travel if you are on a low income and have made an additional journey to receive NHS care following a referral by a doctor (GP or hospital doctor), optician or dentist. Treatment can be provided by a private hospital, you can still claim if the treatment was arranged by an NHS organisation or a local authority.

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).

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. In this case, 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 to download at: www.nhs.uk/healthcosts.

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 (HC5(D) for dental charges, HC5(O) for optical costs and HC5(W) for wigs and fabric support charges).

The leaflets are also available on line at: www.nhs.uk/healthcosts. If you have any queries or need help filling in this form you can speak to an advisor on 0300 330 1343.

Part 1 PATIENT'S DETAILS

Please use this part of the form to tell us about the patient: this may be you or the person on whose behalf you are making the claim.

Surname: _____

Other Names: _____

Title (Mr/Mrs/Miss/Ms/Other): _____

Date of Birth: / / National Insurance (NI) No: _____

Address: _____

Postcode: _____

Daytime Contact Telephone Number: ()

This must be the number of the person signing at Part 4

Name of your local NHS Clinical Commissioning Group: _____

Part 2 DETAILS OF TRAVEL COSTS PAID

NOTE Please send us any tickets or fuel receipts.

I wish to claim a refund of £ for travel to receive treatment following a referral by a doctor, dentist or optician – give the details below and send us any tickets or fuel receipts

Date(s) you attended / / / / / / / /

Amount you paid for that visit £ £ £ £

If someone had to travel with you as an escort fill in the amount they paid for their visit £ £ £ £

If you need space for details of other visits, list them on a separate piece of paper with the dates, amount paid and the patient's name and address, and attach it to this form. If you are not sure of any of the dates, ask the place of treatment.

Patient's treatment reference number Department attended

Part 3 OTHER INFORMATION WE NEED

Name of the doctor, dentist or optician who referred you: _____

Name, address and telephone number of the hospital or place of treatment *in full* please.

Name: _____

Address: _____

Postcode: _____ Telephone Number: ()

Part 4 PATIENT'S 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I have a War pension No. <input type="text"/> and I am being treated for my accepted disablement Send this form to: Service Personnel and Veterans Agency, Norcross, Blackpool FY5 3WP.
Group 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	My name was on an NHS certificate HC2 or HC3 No. <input type="text"/> The person holding the certificate was: <input type="text"/> Send this form to: NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.
Group 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I was getting one of the benefits/credits listed below.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	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: <input type="text"/> If this person was not the patient, please tell us either <input type="text"/> / <input type="text"/> / <input type="text"/> or <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> their date of birth their National Insurance number:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Universal Credit during the pathfinder between 29 April 2013 and 31 October 2014. If you are using this form after these dates please check the website www.nhs.uk/uc-healthcosts or phone 0300 330 1343 - please send this form to your local Jobcentre Plus office.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Income Support – send this form to your local Jobcentre Plus office
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Income-based Jobseeker's Allowance – send this form to your local Jobcentre Plus office
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Income-related Employment and Support Allowance – send this form to your local Jobcentre Plus office
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pension Credit Guarantee Credit – send this form to the Pension Centre who dealt with your claim (Pension Credit Savings Credit does not count) No. <input type="text"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Named on or entitled to an NHS Tax Credit Exemption Certificate Send this form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN

Group 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am not in groups 1 to 3, but wish to claim a refund of travel costs paid, because I am on a low income.
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I am aged 16, 17 or 18 and not in a family described in group 2 or 3, but wish to claim a refund of travel costs as I have a low income (you must make your own claim on an HC1 form based on your financial circumstances). You will need to fill in an HC1 form to apply to the NHS Low Income Scheme. You can get a form by calling 0300 123 0849 or visiting www.nhsbsa.nhs.uk/healthcosts . Send this form with the HC1 form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.

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, Local Authorities and the Department for Work and Pensions for the purpose of verification.
I also consent to the disclosure of information on this form to NHS Protect, 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

4A	Signature: _____	Date: / /
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This is a claim on behalf of the person named in Part 1 for a refund of the travel costs listed in Part 2

4B	Signature: _____	Date: / /
Name: (in capitals) _____		
Address: _____		
		Postcode: _____

If you are signing for yourself

If you are signing for somebody else

Part 5 For Official Use only by Jobcentre Plus Offices, the Pensions Centre and the NHS Business Services Authority

STEP 1: I confirm that the person named on this form is included in an award of the benefit / credit, or is entitled to a certificate as indicated in Part 4, on the date(s) indicated in Part 2.

STEP 2: 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 the necessary travel costs paid in any one week on or after

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

Signature:

Date:

Name: (in capitals)

AUTHORISATION STAMP

OFFICE ADDRESS STAMP

I confirm that this claim has been accepted outside the 3 months time limit (NHSBSA only).

STEP 3: If treatment was received at an NHS hospital, please send this form to the hospital shown in Part 3. If treatment was received elsewhere (including at a private hospital), please send this form to the NHS Clinical Commissioning Group (CCG) that covers the patients address in Part 1. Check to find the CCG's address at www.england.nhs.uk

TO

For Official Use only by the NHS England payment services on behalf of the CCG.

Payment of £ made to patient named in Part 1 of this form on

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