

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) or dentist.

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).

### 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 £23,250 for people living permanently in a care home).

### 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](http://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](http://www.nhs.uk/healthcosts). If you have any queries or need help filling in this form you can speak to an advisor on 0845 850 1166 .

## 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 Primary Care Trust (PCT): \_\_\_\_\_

## 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 NHS treatment under the care of a consultant, or through a referral by a doctor or dentist** – give details below and send us any tickets or fuel receipts

Date(s) you attended

/ /	/ /	/ /	/ /
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Amount you paid for that visit

£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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If someone had to travel with you as an escort fill in the amount they paid for their visit

£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
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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 hospital number

Department attended

## Part 3

## OTHER INFORMATION WE NEED

Name of the doctor, dentist or consultant 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**   I have a War pension No.  and I am being treated for my accepted disablement  
Send this form to: Service Personnel and Veterans Agency, Norcross, Blackpool FY5 3WP.

**Group 2**   My name was on an NHS certificate HC2 or HC3 No.   
The person holding the certificate was:   
Send this form to: NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN.

If you are 16, 17 or 18 in full-time education, go to Group 4 below.

**Group 3**   I was getting one of the 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  
  Income-related Employment and Support 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 on its own does not count)  
  Named on or entitled to an NHS Tax Credit Exemption Certificate No.   
Send this form to NHS Business Services Authority, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN

**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, Bridge House, 152 Pilgrim Street, Newcastle Upon Tyne NE1 6SN. 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.nhsbsa.nhs.uk/healthcosts](http://www.nhsbsa.nhs.uk/healthcosts).

## 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 treatment was received at an NHS hospital, please send this form to the hospital shown in Part 3.  
 If NHS treatment was received elsewhere (including at a private hospital) please send this form to the PCT that covers the patient's address in Part 1. Check [www.nhs.uk](http://www.nhs.uk) to find the PCT's address.

**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	