HC5W(T) Claim form for a refund of travel costs to receive NHS treatment

GIG CYMRU NHS WALES

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**, and you travel to receive that treatment, you can claim help with the cost of your travel on low income grounds.

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 HC1W claim form (see part 4). **If you have paid any 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 and one for NHS dental treatment 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 £24,000 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 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 HC11W "Help with health Costs" available by calling 0345 603 1108 or online at www.healthcosts.wales.nhs.uk. If you have any further queries or need help filling in the form you can speak to an advisor at the NHS Business Services Authority on 0300 330 1343.

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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 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 Health Board (LHB)

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** – give 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 hospital number Department attended

Part 3 OTHER INFORMATION WE NEED

Name of the 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 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

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

✓ ☐ My name was on an NHS certificate HC2W or HC3W No. ______
The person holding the certificate was: ______

Send this form to NHS Business Services Authority, Bridge House, 152 Pilgrim St, Newcastle-upon-Tyne, NE1 6SN

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: __ / __ / __ (their date of birth) or ______ (their National Insurance number)

✓ ☐ Universal Credit – send this form to your local Jobcentre Plus office

✓ ☐ 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 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 St, 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 a HC1W claim form which is available by calling 0345 603 1108.

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 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.

If you are signing for yourself

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

4A Signature: ______ Date: __ / __ / __

If you are signing for somebody else

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:

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Part 5 FOR OFFICIAL USE ONLY

TO

If treatment was received from an NHS hospital the form should be sent to that hospital (as named in Part 3).

If treatment was received elsewhere (including a private hospital) the form should be sent to the Local Health Board in whose area the patient resides (as named in Part 1).

FROM

For use by the bodies listed in Part 4

NHS Business Services Authority or one of 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 the 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 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

REFERENCE NUMBER

TEAM

LOCATION

NOTES

Mae'r ddogfen yma hefyd ar gael yn Gymraeg. / This document is also available in Welsh.
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