National Travel Assistance Registration Form

MINISTRY OF HEALTH
MANATŪ HAUORA

- **This form must be completed in full by the patient registering for National Travel Assistance or their representative. Please sign on the back of this form, incomplete forms will be returned.**
- Post the completed form to: **National Travel Assistance, PO Box 1026, Wellington 6140.**
- For help with the form phone National Travel Assistance on **0800 281 222** (press 2).

Patient ID

1. Patient details

First name(s)

New Registration ☐

Last name

Amended Registration ☐

NHI number

Date of birth D D M M Y Y Y Y

Sex Male ☐ Female ☐

Community Services Card number 0 0 0 0 0

Expiry date D D M M Y Y Y Y

Residential address

Unit/Flat no. Street no. Rural ID Street name

Suburb City/town Postcode

Alternative postal address (ie, PO Box)

Contact phone number Cell phone

Email address

Mileage is calculated at registration from the patient's residential address to the attending facility/hospital treating department via the shortest practical route.

2. Referred to for treatment to be completed by the referring health or disability specialist

Treating department (in full) eg, orthopaedic, oncology, cardiology, Van Asch etc.

Name of hospital(s) service provider(s)

City/town

Treatment commences on D D M M Y Y Y Y

How many visits is your patient likely to need during the course of their treatment?

Less than 6 visits in next 6 months ☐ 6 or more visits in next 6 months ☐ 22 or more visits in the next 2 months ☐

Is this registration for an organ donation? Yes ☐ No ☐

ACC – Is your patient claiming travel to attend treatment for an injury that is a result of an accident? Yes ☐ No ☐

When did this occur? D D M M Y Y Y Y ACC 45 claim number

Accommodation – If funding is required for accommodation, please give the reason

☐ Travels over 100 km one way ☐ Patient's medical condition ☐ Patient long stay near hospital

Funding for accommodation when travelling under 100 km one way requires an approval letter from the specialist.
Funding for accommodation **greater than 16 consecutive nights** requires an approval letter from the specialist.

Support person

Name of support person

If funding is required for a support person, please give the reason

- ☐ Parent of a child patient
- ☐ Clinical decision maker
- ☐ Learning technical skills – ongoing
- ☐ Patient well being
- ☐ Accessing services
- ☐ Emotional/physical support
- ☐ Assistance with clinical decision
- ☐ Escourting clinical care

Funding for a second support person requires an approval letter from the specialist.

Specialist transport – if funding is required for special transport please give method

- ☐ Air travel
- ☐ Taxi/shuttle
- ☐ Mobiliy taxi
- ☐ Ferry
- Other (please specify)

Reason for specialist transport

- ☐ Patient or support person's medical condition or disability
- ☐ Due to distance travelled
- Other (please specify)

3. Referring specialist sign-off

Specialist's name

Medical Council number (MCNZ)

Referring hospital

Contact phone number

Are you signing on behalf of the specialist?

☐ Yes Your name

I, the referring specialist/desigated signatory, certify that the above information is true and correct.

Hospital stamp

Sign here

Date: D D M M Y Y Y Y

☐ Please tick if it is not reasonably practicable for the patient to complete Section 1 of this registration form or sign the declaration. (Note: Specialist may only sign in their capacity as a publicly funded health or disability specialist.)

4. Declaration

I, the patient registering for National Travel Assistance, understand that:

- this form will be sent to the Ministry of Health where my registration will be processed on behalf of my DHB and that my DHB and the Ministry of Health may use this information to pay my claim and monitor access to health and disability services in a manner consistant with the Privacy Act 1993
- the information I provide will be held securely by the Ministry of Health and my DHB and will be kept confidential except when required to be disclosed by law. I have the right to access this information by asking the Ministry of Health and I may also request that it be corrected
- the Ministry of Health can decline reimbursing the expenses of any person who does not meet Ministry of Health eligibility criteria
- the National Travel Assistance Scheme is funded according to the National Travel Assistance Policy document effective 1 January 2006, published and amended from time to time by the Ministry of Health, and that the Ministry of Health may decline an entitlement to receive that assistance
- the Ministry of Health is not obliged to enter into any correspondence as a result of any decision made in relation to reimbursement under the National Travel Assistance Scheme
- if the Ministry of Health makes an overpayment to me, I may be obliged to repay the amount of the overpayment and that the Ministry of Health will contact me to discuss repayment options.

I declare that the above information is true and correct.

Sign here

Date: D D M M Y Y Y Y

Signature of patient or their representative. A parent or guardian may sign on behalf of a child.