

Expenses Claim Form – Patient Transfers

Patient name:
Address:

UK Hospital:
Date:

Contact telephone:

Name of authorised escort (*if applicable*):

DETAILS OF EXPENSES (*please attach all supporting receipts; continue on a separate sheet if required*)

ACCOMMODATION

Receipt(s) attached

Date	Amount

TRANSPORT

Receipt(s) attached

Date	Amount

TOTAL CLAIM:

FINANCE

Please indicate your chosen method of reimbursement, preferred is BACS. Please note, payments take up to 4 weeks to process. Cheques will be posted to the corresponding address to the named person on this form.

BACS

Account number:

Sort Code:

Full name of the account holder:

Cheque

Full name of the account holder:

I confirm that the details and sums listed are correct and I claim the total indicated

Print name:

Date:

Signature:

FOR OFFICE USE ONLY

Declaration completed

Air/sea travel:

Number of authorised nights:

In/outpatient:

Date of OPA/admission:

Hospital number:

Further Information

Once completed, please send this form along with all supporting receipts to;

Patient Transfer Office
Crookall House
Demesne Road
Douglas
IM1 3QA

Please keep a copy of any receipts that you mail to us, as we cannot make any payment unless we receive the relevant receipt.

Alternatively, a scanned copy along with all supporting receipts can be sent to patient.transfers@gov.im

For queries or assistance with completing this form please call the Patient Transfer Office; 01624 642673

Rates

Accommodation claims where applicable are reimbursed at the following rate;

Within London; up to £74 per person per night
Rest of the UK; up to £50 per person per night

Mileage claims within the UK where applicable are reimbursed at a rate of 0.34p per mile.