

National Travel Assistance Claim Form Live Organ Donor

Please **email** the completed form and copies of costs to: liveorgandonation@moh.govt.nz
or **post** the complete 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)

Donor details

Family name

Given name(s)

Date of birth

NHI number

Client ID number

What gender do you identify as?

Male Female Gender diverse

Donor residential address

Donor residential address

Postal address (if different)

Phone number

Mobile number

Email

Date of address change if applicable

Payment details

Details of the nominated bank account your claim will be paid into

Bank

Bank account number

Please attach a clear, verified copy of your bank details, stamped by your bank, that show both the account name and number. The Ministry of Health will accept your name and account number if it is on a printed deposit slip or an official bank statement, such as a copy of the top of a bank account statement, or a verification print out from your bank.

Expense details

Please note: Proof of attendance is required for each visit. Accepted types of proof are:

- hospital stamp (on the claim form or attached appointment letter)
- hospital discharge notice with relevant dates
- print out of attended appointments from the facility
- sign off from the NTA coordinator

Claim for accommodation expenses (Please attach receipts confirming payment)

Number of nights claimed

Date from

Date to

Proof of attendance – hospital stamp and signature

Total accommodation costs

\$

Claim for mileage expenses

Proof of attendance – hospital stamp and signature

Dates of travel

One way Return

One way Return

One way Return

One way Return

Claim for air travel expenses

Please provide copies of itinerary and costs. You may forward 'My Receipt' and E-ticket documents for travel claims. These must clearly show the passenger's name, departure location and arrival destination. It must also clearly show confirmation of payment.

Dates of travel

Proof of attendance – hospital stamp and signature

\$

\$

\$

\$

\$

Claim for specialised transport expenses (eg, taxi (receipt), Uber (email receipt), bus, ferry)

Please provide receipts that clearly show confirmation of payment.

Dates of travel

Cost

Proof of attendance – hospital stamp and signature

\$

\$

\$

\$

\$

Mileage is calculated at registration from the client's residential address to the hospital/facility by the shortest practical route.

Declaration

I understand that:

- this form will be sent to the Ministry of Health, who will process my claim on behalf of my district health board and that my district health board and the Ministry of Health may use this information to pay my claim and monitor access to health and disability services in a manner consistent with the Privacy Act 1993
- the information I provide will be held securely by the Ministry of Health and my district health board and will be kept confidential except when required to be disclosed by law. I have the right to ask the Ministry of Health for access to this information and I may also request that it be corrected
- 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 overpays me, I may be obliged to repay the amount of the overpayment. The Ministry of Health will contact me to discuss repayment options.

I declare that the above information is true and correct.

Signature of donor or their representative

Date

Once completed please save and either:

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or **Post** completed form and copies of costs to: National Travel Assistance
PO Box 1026
Wellington 6140
New Zealand

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Please use the checklist below to make sure you have attached everything the Ministry of Health requires

- You must register and be eligible before you can claim travel assistance.
- Please take this claim form to your appointments to be signed and stamped as attended by treatment department/hospital, or attach Proof of Attendance or Discharge Notice.
- Please attach itemised receipts for public transport and accommodation – Note: ATM, EFTPOS and photocopied receipts are NOT accepted.
- If this is your first claim, or your bank account details have changed, please attach a printed deposit slip or the top of your bank statement or an account verification from your bank.
- Please ensure you have signed the delaration on the form.