

National Travel Assistance Registration Form



- i** 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.
- i** Post the completed form to: **National Travel Assistance, PO Box 1026, Wellington 6140.** Patient ID
- i** For help with the form phone National Travel Assistance on **0800 855 066** (press 2).

Patient details

First name(s)

New Registration

Last name

Amended Registration

NHI number

Date of birth (DD/MM/YYYY)

Sex

Male

Female

Community Services Card number

Expiry date (DD/MM/YYYY)

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

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

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 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?

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

i Funding for accommodation when travelling under 100 km one way requires an approval letter from the specialist.

i 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 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

i 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	Mobility taxi	Ferry	Other
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Reason for specialist transport

Patient or support person's medical condition or disability	Due to distance travelled
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Other

Referring specialist sign-off

Specialist's name	Medical Council numnber (MCNZ)
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Referring hospital	Contact phone number
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Are you signing on behalf of the specialist?

Yes Your name

I, the referring specialist/designated signatory, certify that the above information is true and correct.	Hospital Stamp
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Signature	Date
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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.)

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 consistent 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.

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