National Travel Assistance Registration Form



 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.	

Pati	ent II)		

For help with the form phone National Travel Assistance on 0800 855 066 (press 2).

To the p with the form phone National Havet Assistance on 6800 855 600 (press 2).
1. Patient details
First name(s) New Registration
Last name
Amended Registration
NHI number Date of birth Sex Male Female
Community Services Card number Expiry date
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
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? DDMMYYYY 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 Terry 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 Yes
I, the referring specialist/desigated signatory, certify that the above information is true and correct.
Sign here Date: DDMMYYYY
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 an the Ministry of Health may use this information to pay my claim and monitor access to health and disability services in a manne 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 criteri
• the National Travel Assistance Scheme is funded according to the National Travel Assistance Policy document effective 1 Januar 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.
Date:
Sign here Duc.

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