

Reimbursement of Dialysis Patient Travel Costs v1 Dec 2011

1. Purpose:

This policy outlines the mechanism for reimbursement of the costs of travel to and from chronic dialysis sessions for patients under the care of St Georges Healthcare NHS Trust.

The policy aims to allow patients who wish to make their own way to and from dialysis or who wish to take hospital arranged transport one way only to be reimbursed for their expenses.

2. Eligibility:

All St Georges Healthcare NHS Trust patients receiving chronic dialysis at St George's Hospital, Colliers Wood and North Wandsworth dialysis units.

3. Reimbursement rates:

Eligible patients will receive a refund for the reasonable costs of taking their own transport or using public transport to attend their chronic dialysis sessions.

Type of transport	Refund rate
Public transport	Lowest concessionary fare
Private car	Full estimated cost per mile at Trust agreed rate currently 40p per mile.

Patients may engage a family member, friend or carer to bring them to their chronic dialysis session. In this case the family member, friend or carer may be reimbursed directly.

For patient's claiming reimbursement for the cost of public transport receipts must be presented with application for reimbursement.

Parking costs will not be reimbursed. Parking is provided free of charge for chronic dialysis patients at the St Georges Healthcare NHS Trust, Colliers Wood and North Wandsworth sites.

Costs for carers or companions will not be reimbursed unless it has been deemed by the St Georges Healthcare NHS Trust TAB team that a carer is required to travel with the patient.

Taxi costs will not be reimbursed.

4. Eligible journeys:

Reimbursement will be made for all patient journeys to and from chronic dialysis sessions. On average this will be 6 journeys per week based on patients attending for 3 times per week dialysis.

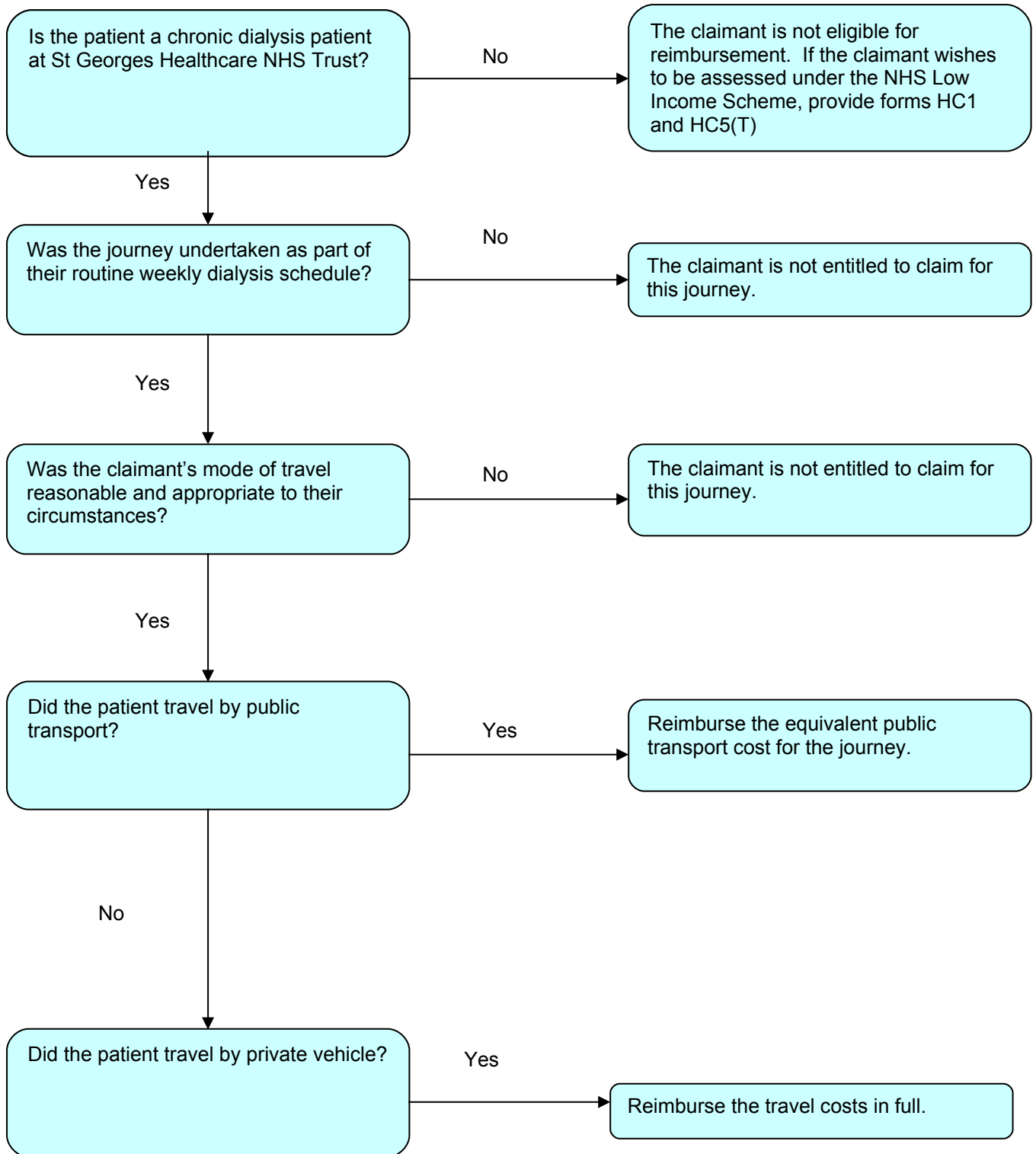
5. Refund process:

All patients will be required to complete a reimbursement claim form (see appendix 1). Reimbursement will be made on a monthly basis. Prior to submission for reimbursement patients must have their form validated by a member of the St Georges Healthcare NHS Trust senior team. A list of authorised signatories will be provided to the cashiers office and financial accounts department.

Two options will be available to patients for claiming reimbursement:

1. Completed forms can be submitted to the cashiers office at the St George's Hospital site where a reimbursement will be made on the day in cash.
2. Patients who do not dialyse at the St George's Hospital site may wish to send in their claim form and be reimbursed via cheque or bank transfer by the financial accounts department.

Patient Travel Costs
Cashier' Flow Chart – What do you refund?



RENAL DIALYSIS PATIENT TRAVEL CLAIM FORM

Month: November... Year 2013.....

Name of Patient:

Address:

Post Code:

Dialysis unit:

(please circle)

Number of dialysis sessions attended in month:

No of journeys:

(please circle)

Return journey

Carer:

(please circle)

No

Amount claimed:

Public transport Fare (receipts to be produced) £

Private car (...miles at 40p per mile) £

Patient Declaration: I declare that the information given on this claim form is true and complete to the best of my knowledge. I understand that action may be taken against me if I make an incorrect claim. I consent to the disclosure of relevant information on this form for the purposes of fraud prevention, detection and investigation.

Signed: Barbara Musgrave..... Date:

Confirmation of dialysis attendance:

Date..... Staff name..... Job title (B7 and over)

Staff signature.....

For Healthcare administrative staff use only

I confirm that the above expenses were paid by me, and I have checked that the patient attended the clinic as stated, and is eligible in accordance with the Hospital Travel Cost Scheme.

Signature of Payment Officer: Date:

RENAL DIALYSIS PATIENT TRAVEL REGISTRATION FORM

Patient name:

Address:
.....
.....
.....

Postcode

Dialysis unit:	St George's Hospital SW17 0QT	<input type="checkbox"/>
	Colliers Wood Dialysis Unit SW19 2PU	<input type="checkbox"/>
	North Wandsworth Dialysis Unit SW8 4UY	<input type="checkbox"/>

Mileage home to dialysis unit: ...19.5miles.....
(one way)

Direct bank transfer (via accounts payable)

Patient bank details (if required):

Accountholder:
Account number:
Sort code: