

Instructions for filling out the form “Reiseregningsskjema” (Patient travel expenses form)

These instructions are intended to help you complete the form for applying a reimbursement for your patient travel expenses. The application form: “Reiseregningsskjema” is in Norwegian, but you may fill it out in English. The following instructions will guide you through the form, section by section.

WHAT CAN I APPLY FOR?

You may be entitled to apply for essential expenses in connection with travel to and from officially approved treatments. As a general rule you can apply for the cheapest mode of travel with scheduled public transport to and from the nearest treatment centre.

The distance to the treatment centre must be at least 3 kilometres, and the trip must cost more than the local minimum fare. Your travel expenses will be met by your local health trust.

Please note that applications must be submitted within six months of the date of travel.

1. Opplysninger om pasient (Patient information)

Whether you are the patient or you have accompanied a patient, this field **MUST** be completed with the patient’s personal information. All travel expenses applications will be registered under the patient’s name.

2. Opplysninger om ledsager/reisefølge (Travel assistant information)

Complete this field if you travelled with a travel assistant on the journey(s) or if you acted as a travel assistant to a patient. Remember to provide the personal information of the patient in Section 1. Whether you are a patient or travel assistant, you must include with your application a copy of the patient’s confirmation of attendance to the appointment. If you are a travel assistant, remember to also include a confirmation from the medical practitioner that the patient needed a travel assistant for medical reasons. Please note that the decision on the application will be communicated to the patient only.

3. Reiseutgifter til og fra behandlingssted (Travel expenses to and from treatment centre)

DATO (DATE): The date of your appointment.

KLOKKESLETT FOR BEHANDLING (THE TIME OF APPOINTMENT): The time that your appointment started.

FRA (FROM): The address from which you departed for your appointment.

TIL (TO): Some treatment centres are spread over multiple locations. It is therefore important that you provide the actual address of the place where you received your treatment.

TUR/RETUR (ONE WAY/RETURN): Tick here if you travelled the same route both ways, e.g. from your home to the treatment centre and back again. This way you do not have to provide details of the same route twice.

TRANSPORTMIDDEL (MODE OF TRANSPORT): Please indicate the mode of transport used for your journey. If you have used several kinds of transport, for example bus and ferry, please use a separate line for each.

KILOMETER (NUMBER OF KILOMETRES): Complete the number of kilometres travelled in private car.

BELØP (AMOUNT): To be completed if you used public transport.

In the case of repeated treatments at the same centre, you can enclose a list of the treatments and treatment dates as a separate attachment, making sure that this also includes confirmation from your medical practitioner of your attendance at all the appointments. Please note that the application for your first treatment must not be older than six months.

4. Utbetaling (Payment)

Please provide the account number into which you would like the reimbursement to be paid. You may choose to have the reimbursement paid to someone other than yourself, e.g. to your travel assistant.

Remember to provide the name of the account holder. Please note that the decision on your application will be communicated to the patient only.

Sums of less than NOK 100 will not be reimbursed. If you make new applications within a period of six months, and the sum of the approved applications now exceeds NOK 100, this total amount will be payable.

5. Andre reiseutgifter (Other travel expenses)

You are entitled to be reimbursed for other necessary expenses incurred in connection with the journey, such as toll road charges and parking fees.

6. Kost og overnatting (Daily allowance and accommodation)

You are entitled to a daily allowance if the effective period of absence from your home exceeds 12 hours. You do not need to enclose receipts for food expenses since these are paid in accordance with set rates. An accommodation allowance is paid in respect of documented accommodation expenses incurred in connection with the trip. Private accommodation is not covered. Both the daily allowance and accommodation allowance are paid in accordance with standard rates set by parliament every year. See www.pasientreiser.no for current rates. Please note that Pasientreiser does not pay a daily allowance or accommodation expenses while the patient is an in-patient. This also applies to any companions.

7. Sjekkliste (Checklist)

The confirmation of attendance must include date, time, stamp and practitioner's signature for each treatment that you are applying reimbursement for. Please note that the letter scheduling your appointment is not sufficient documentation of confirmation of attendance.

You must enclose documentation from NAV if you have indicated that you have an acknowledged work-related injury. Your therapist must have verified that the treatment you have undergone is related to your work injury.

If you have a large number of attachments that you want to enclose with the travel expense form, please use a paper clip. Do not use staples or sticky tape. Original documents will not be returned.

8. Eventuelle merknader (Notes)

This field can be used to supply any additional information you may have. If you require more space, you can enclose further information on a separate sheet. For example, if you are applying reimbursement for toll road charges, you must use the Notes field to specify on which of your journeys you incurred this expense. Similarly, if you are applying for food or accommodation allowance for more than one person or for more than one journey, you can specify this in the Notes field.

Tapt arbeidsfortjeneste for ledsager (Travel assistant's loss of income)

If a travel assistant is required for medical reasons, the assistant may be entitled to be reimbursed for loss of income. Reimbursements are made according to standard fixed rates. Use the Notes field to indicate whether you are applying for reimbursement for loss of income. Remember to attach documentation of loss of income from your employer/accountant.

Tapt arbeidsfortjeneste ved yrkesskade (Loss of income for work-related injury)

For information about reimbursement of loss of income due to work-related injuries please call ☎ 05515 or visit www.pasientreiser.no

Egenandeler og frikort (Patient contribution and exemption cards)

On most patient travels, you must pay a patient contribution, both inbound and outbound. The contribution is set by Stortinget (Parliament) every year.

If you in the course of one calendar year accumulate patient contributions for treatments, patient travel and/or medication

above the contribution limit 1, you are entitled to an exemption card. For more information, see www.helfo.no.

When your application for a reimbursement for patient travel expenses is processed, your patient contribution will be automatically deducted from your refund, entered in the exemption card register and counted towards your exemption card.

Fritt sykehusvalg (Free hospital choice)

If you have chosen to be treated at a hospital outside your own health region, you will be required to pay a higher patient contribution. This contribution does not count towards the contribution limit 1. If, however, a hospital specialist, employed by the health trust in your region confirms that you are being treated outside your own health region because the medical treatment is not available in your region, you will only be deducted the standard contribution.

Bruk av bil (Use of private car)

The general rule is that you will be reimbursed for the cheapest means of public transport. If you need to use a car for medical reasons, you may be entitled to a reimbursement provided you include a statement from your medical practitioner confirming this. If the cost of travelling by car is lower than the cost of using scheduled public transport, or if there is no other transport available for the journey in question, you can have the cost of car travel reimbursed according to fixed rates. The travel distance must be more than 3 km. Contact your patient travel office to find out if there are alternative means of transport available. Remember to enclose receipts for parking, toll etcetera.

9. Mer informasjon? (Further information?)

For more information, please call ☎ 05515 or see www.pasientreiser.no

For the law governing the rights to patient travel, please see FOR 2008-07-04 nr 788: regulation on entitlement to reimbursement of patient travel expenses for examinations or treatments (Syketransportforskriften) at www.lovdato.no.

10. Samtykke og underskrift (Consent and signature)

By signing, you are confirming that the information given is correct, and giving your consent that the pasientreisekontor (Patient Travel Office) may obtain the necessary documentation to process your application.

If you have further questions about how to complete the form, contact pasientreiser ☎ 05515.