

## Instructions for filling out the form: “Pasientreiser – krav om dekning av reiseutgifter” (Patient travel – travel expenses claims)

These instructions are intended to help you complete the form for claiming a reimbursement for your patient travel expenses. The claims form: “Pasientreiser – krav om dekning av reiseutgifter” 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 CLAIM FOR?

You are entitled to be reimbursed for necessary expenses incurred when travelling to and from healthcare appointments with officially approved healthcare providers. The general rule is that you will be reimbursed for the cheapest means of public transport to

and from your nearest treatment centre. The distance to the treatment centre must be at least 3 kilometres, and the journey must cost more than the local minimum fare with public transport.

**Please note that claims 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 claims 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 claim 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 claim 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 BEHANDLINGEN (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.

REISEMÅTE (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.

ANTALL KM/KOR MANGE KM (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 claim 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. Again, please note that the decision on your claim will be communicated to the patient only.

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

#### 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.

## 5. Kost og overnatting (Food and accommodation allowance)

You are entitled to a daily allowance, provided the effective period of absence from your home exceeds 12 hours. In order to claim accommodation allowance you must include documentation of the accommodation expenses you incurred in connection with the journey. The rates for the food and accommodation allowance are set annually by Stortinget (Parliament). See [www.pasientreiser.no](http://www.pasientreiser.no) for the current rates. Please note that Pasientreiser does not pay a food and accommodation allowance while the patient is hospitalized. This also applies if you are a travel assistant to a hospitalized patient.

## 6. 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 claiming 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 claiming 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 claiming 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](http://www.pasientreiser.no)

### Egenandeler og frikort (Patient contribution and exemption cards)

You must pay a patient contribution on all patient journeys, both inbound and outbound. The contribution is set by Stortinget (Parliament) every year. In 2011 the patient contribution is NOK 130.

If you in the course of one calendar year accumulate patient contributions for treatments, patient travel and/or medication above the contribution limit 1 ("Egenandelstak 1", NOK 1,880

for 2011), you are entitled to an exemption card for contribution limit 1. The exemption card is issued automatically when you qualify. You do not need to apply. Having an exemption card means you do not have to pay patient contributions for the remainder of the calendar year.

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 of NOK 130,-.

### 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 traveling 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.

## 7. Sjekkliste (Checklist)

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

## 8. Mer informasjon? (Further information?)

For more information, you can call ☎ 05515 or see [www.pasientreiser.no](http://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).

<http://www.lovdatab.no/cgi-wift/ldles?doc=/sf/sf/sf-20080704-0788.html>

## 9. 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 claim.

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