# Travel expenses claim form

Please complete this form if you are making a claim for expenses of travel between your home and your appointment and/or medical assessment for a dust disease.

## Personal Details

|  |  |  |
| --- | --- | --- |
| Name | DDC client reference number (if applicable) | |
|  |  | |
| Address | | |
|  | | |
| Suburb | State | Postcode |
|  |  |  |

## Travel expense details

Trip 1

|  |  |
| --- | --- |
| Name of Health Practitioner | Name of facility |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of travel | Departed from (suburb) | Arrived to (suburb) | Returned to (suburb) | Type(s) of transport |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Private vehicle km | km |  | Parking fees | $ |
| @0.58 per km = | $ |  | Public transport | $ |
| Road tolls | $ |  | Taxi/ride share | $ |
| Accommodation**\*** | $ |  | **Total expenses** | **$** |

Trip 2

|  |  |
| --- | --- |
| Name of Health Practitioner | Name of facility |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of travel | Departed from (suburb) | Arrived to (suburb) | Returned to (suburb) | Transport type(s) |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Private vehicle km | km |  | Road tolls | $ |
| @0.58 per km = | $ |  | Parking fees | $ |
| Public transport | $ |  | Taxi/ride share | $ |
| Accommodation**\*** | $ |  | **Total expenses** | **$** |

Trip 3

|  |  |
| --- | --- |
| Name of Health Practitioner | Name of facility |
|  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of travel | Departed from (suburb) | Arrived to (suburb) | Returned to (suburb) | Transport type(s) |
|  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Private vehicle km | km |  | Road tolls | $ |
| @0.58 per km = | $ |  | Parking fees | $ |
| Public transport | $ |  | Taxi/ride share | $ |
| Accommodation**\*** | $ |  | **Total expenses** | **$** |

|  |  |
| --- | --- |
| **TOTAL TRAVEL EXPENSES CLAIM** | **$** |

**\***You can only claim accommodation with prior approval from Dust Diseases Care.

**Note**:

The cost of public transport will be reimbursed in accordance with the Transport NSW trip planner fare calculator: <http://transportnsw.info/trip#/>

If the distance travelled from your home to the medical facility is more than 100 kilometres each way, please contact DDC for approval of travel expenses before arranging/attending your appointment.

You can claim transport expenses for a partner/support person, but you cannot claim travel and parking for family members to visit you in hospital.

If you have lost wages while attending your appointment, please complete a lost wages claim form.

|  |
| --- |
| *Section 60(3) of the Workers' Compensation Act 1987* states compensation payments can be made only if the costs are properly verified. We will only pay for travel that we accept as reasonably necessary and directly related to your dust disease. |

## Declaration

The above travelling expenses were incurred by me and my support person (if applicable) in attending a dust disease related appointment or being provided with services that were reasonably necessary as a result of my dust-related assessment or disease.

|  |  |  |
| --- | --- | --- |
|  | | |
| Signature of beneficiary Upload image of signature or print form and sign. | Date Click to select date or print form and fill in. | |
| Picture text with picture frame icon to click and upload photograph of signature. |  | |
| Name of beneficiary | |
|  | |

Please forward this form to the postal or email address below:

|  |  |
| --- | --- |
|  | **Dust Diseases Care** GPO Box 5323, Sydney NSW 2001 **General Phone Enquiries: 1800 550 027**  Fax: 02 9279 1520 Email: [DDCenquiries@icare.nsw.gov.au](mailto:DDCenquiries@icare.nsw.gov.au) www.icare.nsw.gov.au |