

icare[™]

Dust Diseases Care



Travel Expense Claim Form

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Travel Expenses Claim Form

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

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.

Name:	File No:	DOB:
Address:		

Please list your travel expense below:

Name of Health Practitioner: _____ Name of Facility: _____

Date of travel	Departed from	Arrived to	Return to	Transport type	Total Km/Cost

Name of Health Practitioner: _____ Name of Facility: _____

Date of travel	Departed from	Arrived to	Return to	Transport type	Km or Cost

Name of Health Practitioner: _____ Name of Facility: _____

Date of travel	Departed from	Arrived to	Return to	Transport type	Km or Cost

Name of Health Practitioner: _____ Reason for visit: _____

Date of travel	Departed from	Arrived to	Return to	Transport type	Km or Cost

Total Km: _____, Km @ \$0.55/km = \$ _____

- Please note: All parking receipts **MUST** be attached. If using public transport via train, bus or ferry a ticket or receipt is required or if using an Opal card, then reimbursement will be made to the trip value in accordance with the NSW Transport trip planner calculator. <https://transportnsw.info/trip#/>

Note: Travel and parking when family members visit you in hospital cannot be claimed.

Declaration: The above travelling expenses were incurred by me in obtaining treatment or being provided with services that were reasonably necessary as a result of my dust related assessment/disease

Signature of beneficiary: _____ Date: _____

Please forward this form to: Dust Diseases Care, GPO Box 5323, Sydney NSW 2001
 Tel: (02) 8223 6600 or 1800 550 027 Fax: (02) 9279 1520, [Email: DDAenquiries@icare.nsw.gov.au](mailto:DDAenquiries@icare.nsw.gov.au)