

Application to claim travel and accommodation expenses

To make a travel claim, the travel must exceed a specified round trip distance. For more information on eligibility please call RT Health on 1300 886 123.

RT membership number

Sections 1-5 to be completed by the principal member or principal member's partner listed on the policy.

SECTION 1 | Your details

Title First name Surname

Does any part of this claim relate to a claim for compensation, e.g. workers compensation, motor accident, or third party claim? Yes No

SECTION 2 | Is the travel and/or accommodation claim for a hospital admission or medical specialist appointment?

Hospital admission Medical specialist appointment

Hospital's name

Medical specialist's name

SECTION 3 | Claiming for travel - only claimable under certain products

Return distance in km between home and hospital or specialist	Type of travel (car/train/bus/plane) for journeys of over 200kms	Date travel commenced (DD MM YYYY)	Return date (DD MM YYYY)
---	--	------------------------------------	--------------------------

km

I have attached a note or account from my specialist or hospital confirming attendance Yes

I have attached a receipt for travel (petrol receipts are required in the case of car travel) Yes

SECTION 4 | Claiming for accommodation - only claimable under certain products

Date of hospital admission (DD MM YYYY) Date of hospital discharge (DD MM YYYY)

Name of hotel/motel where you/your carer stayed

I have attached supporting documents to confirm my hospital stay and original tax receipts to confirm accommodation. Yes

Our accommodation benefit helps with the costs involved when a parent or carer needs to stay away from home overnight to help you receive inpatient hospital care. The benefit is only available where the member receiving treatment is staying in hospital and the carer needs to pay for accommodation.



SECTION 5 | Carer details

Was a carer required to support the patient's travel, or provide support before and after hospitalisation? Yes No

Carer's name and relationship to the patient (e.g. family member, friend)

SECTION 6 | Declaration (To be completed by your GP or medical specialist)

I confirm that, in my opinion, the journey undertaken is/was necessary to receive hospital and/or medical specialist treatment because treatment is/was not available locally Yes No

I confirm a carer was required to support the patient Yes No

GP/Medical Specialist signature

Date (DD MM YYYY)

Title

First name

Surname


To be completed by the principal member or principal member's partner listed on the policy.


SECTION 7 | Declaration

» I declare all information provided in support of this claim is true and complete and that all persons covered by the policy whose personal (including sensitive) information is being disclosed to RT Health have been made aware of the RT Health Privacy Policy. I declare that the patient was not aware of any symptom related to the condition for which benefits are claimed, before joining RT Health or transferring to the current level of cover. I acknowledge that RT Health deals with personal information of all members in accordance with its privacy policy. I authorise, and have the consent of the patient, where necessary, to authorise RT Health to contact the provider(s) and to access any information including health information needed to verify this claim. How RT Health collects, uses, discloses (which may include obligations to overseas recipients in compliance with its privacy obligations) and keeps and secures personal information including how to opt out from direct marketing, how to request access to and correction of your personal information or how to complain about a privacy breach and how this is handled by RT Health is explained in the RT Health privacy policy. For a copy of this policy, call our member services team on 1300 886 123 or go to rthealth.com.au.

Signature must be of the principal member or principal member's partner listed on the policy Date (DD MM YYYY)

How to submit this form

 **Email:** help@rthealthfund.com.au

 **Post:** PO Box 545 Strawberry Hills NSW 2012

