

Patient Travel Guidance for Travel to The Regional Endoscopy Unit, Queen Margaret Hospital, Dunfermline, KY120SU

Introduction

Any NHS Lothian patient can claim back travel costs if they have to travel to a hospital outside Lothian.

This leaflet tells you how to claim back your travel costs if you travelled by private car or public transport.

How to claim a refund of your travel costs;

- 1. You are receiving your treatment at Queen Margaret Hospital, Whitefield Road, Dunfermline. This booklet has an expenses claim form that you should complete if you are claiming expenses.
- 2. This booklet should answer any questions about travel. If you still have questions please call NHS Lothian Outpatients and Associated Services Appointments Office (see page 3).
- 3. When you attend the hospital for your treatment, give them the expenses claim form if you are claiming expenses. They will sign and stamp your claim form to confirm that you attended the hospital on that day.
- 4. When you return home, you can then either:
 - Take your completed form to any of the main Cashier's Offices in NHS Lothian along with all original receipts. The addresses and opening hours of each cash office are given on page 4.

or

 Post your completed form within 30 days of the journey with the original receipts to:

Cashier's Office Western General Hospital Crewe Road South Edinburgh EH4 2XU

All original receipts require to be submitted with the Patient Travel Expense Claim Form within 30 days of the journey being made.

No other costs will be refunded by NHS Lothian.



Travel costs

Travelling by public transport

- If you travel directly from home to Queen Margaret Hospital, we will refund the full cost of the public transport for each visit. You must send us all your receipts or tickets
- If you need someone with you we will also pay for the cost of that person's travel.
 We can only pay for one person to escort you. You must send us all that person's receipts or tickets
- A Rail Warrant can also be issued by NHS Lothian which is sent to your home. A
 Rail Warrant can also be arranged for one person to escort you. To arrange for
 this service, please call 0131 446 4500, option 1 then option 5 (8am till 4pm
 Tuesday to Friday only). NHS Lothian requires no less than ten working days'
 notice to be able to organise this for you.
- Trains run on a regular basis on the Fife Circle line from Edinburgh to the <u>Queen</u>
 <u>Margaret Train Station</u> (in both directions). The station has ramped access
 throughout. The station is a five minute walk (400m) from the Hospital.
- The following (Stagecoach East Scotland) bus services stop adjacent to the main entrance of the hospital; 28, 33, 72A, 72C, 79, 79A, 81,82A, 82C, 89 and 89A. If travelling by bus you can easily change buses at Dunfermline Bus Station. The Bus Station has posters to assist you in finding the connecting service.

Travelling by car

- If you travel by car we will pay a standard rate of expenses for each mile you travel from your home address, for each visit you make.
- When you attend the hospital for your treatment, give them the expense claim form. They will sign and stamp it for you.
- When you return home, take the form to your nearest NHS Lothian Cashier's Office. You can also post the form to us. Please see page 4 for contact details. The cashiers will arrange for payment to be made to you.

Travel by Taxi

NHS Lothian will not be able to refund the cost for travel by taxi.



NHS Lothian, Appointments Office

If any of the information in this booklet is not clear, or if you require further information about claiming reimbursement, please contact NHS Lothian, Outpatients and Associated Services, Appointments Office,.

NHS Lothian
Outpatients and Associated Services
Appointments Office
Woodlands House
Astley Ainslie Hospital
133 Grange Loan
Edinburgh
EH9 2HL

Telephone number: **0131 446 4500** (Option 2) Opening hours: 8am – 4pm, Monday to Friday



NHS Lothian, Cash Offices

Cashier's Office Royal Infirmary of Edinburgh 51 Little France Crescent Old Dalkeith Road Edinburgh EH16 4SA	08.30 – 16.30 Monday to Thursday 08.30 – 16.00 Friday Closed for lunch 13.00 – 13.30 daily	0131 242 2320 0131 242 2232
Cashier's Office Clock Tower Building Western General Hospital Crewe Road South Edinburgh EH4 2XU	08.30 – 16.30 Monday to Thursday 08.30 – 16.00 Friday Closed for lunch 13.00 – 13.30 daily	0131 537 1361
Cashier's Office St John's Hospital at Howden Howden Road West Livingston West Lothian EH54 6PP	08.30 – 16.30 Monday to Thursday 08.30 – 16.00 Friday Closed for lunch 13.00 – 13.30 daily	01506 253668 01506 522214
Cashier's Office Princess Alexandra Eye Pavilion Chalmers Street Edinburgh EH3 9HA	8.30 – 13.00 Monday 08.30- 16.30 Wednesday & Thursday Closed for lunch 13.00 – 13.30 daily Subject to change at short notice	0131 536 4206



PATIENT TRAVEL EXPENSE CLAIM FORM FOR TRAVEL TO NON-LOTHIAN HOSPITALS

This form should be completed to claim reimbursement of travelling expenses to non NHS Lothian facilities out-with the Lothian area

CLAIMANT DETAILS (TO BE COMPLETED BY THE CLAIMANT)							
Patient Name:		Claimant: (if different from patient)					
Address:		Address:					
Postcode:			Postcode:				
CHI Number:							
Escort required	on medical	V /N - +	Why are you making this claim:				
grounds:		Yes/No*	Patient/Carer/Escort*				
Hospital Attende	ed:						
TRAVEL (TO BE COMPLETED BY THE CLAIMANT)							
Car				•			
				Miles	Cost (Office		
Date Details of Journey (from/to etc)			Mileage	Use) `			
		,		travelled	£	рр	
				Total			
Public Transpo	ort					ı	
		/ -		<i>(</i> , ,)	Cost of Tra	vel	
Date	Details of Journey (Type of Public Transport, from/to, etc)			£	рр		
				Total			
Taxi				- Total			
	Cost of Travel					vel	
Date	Details of Journey (Name of Taxi Company, from/to etc)			£	рр		
					~	PP	
	Total						
Signature Date							
J.g				-410			
* Delete as appropriate							
					•	1	

All original receipts require to be submitted with the Expenses Form within 30 days of the journey being made.



PATIENT TRAVEL EXPENSE CLAIM FORM FOR TRAVEL TO NON-LOTHIAN HOSPITALS

ATTENDANCE AT NON-LOTHIAN HOSPITAL (TO BE COMPLETED BY HOSPITAL WHERE TREATMENT OCCURRED)						
	Time of OP	Time of IP	Time of			
Date	Attendance	Admission	Discharge	Department/Ward		
Date	Attoridance	Admission	Discriarge	Department ward		
Authoriser's Signature		Print Name		Designation		
Official Stamp (Re	eceiving Hospital):					
	J ,					
AUTHORISATION (TO BE COMPLETED BY NHS LOTHIAN)						
Total			A1 .	and the state		
Miloogo sost	£ pp		Notes if ap	opiicable		
Mileage cost						
Public Transport						
Taxi cost						
Other costs						
Total Reimbursement						
	<u> </u>	<u> </u>				
Cashiers signature:				Date:		
Received by (Claimant):				Date		