ISLE OF WIGHT NHS PRIMARY CARE TRUST, ST MARYS HOSPITAL, NEWPORT, ISLE OF WIGHT, PO30 5TG

APPLICATION FOR REIMBURSEMENT OF FERRY EXPENSES

Please ensure that this form is completed as far as possible in order that your claim can be processed promptly. If you have any queries please contact the PCT on tel. 822099 Ext 6593 or 6274. Completed forms should be sent to: **Finance Department, Home One, St Mary's Hospital, Newport, IW, PO30 5TG.**

Full name of applicant		Hospital Number	Contact Tel. No	
← Address			····· Postcode	
Where did planning/treatn	nent takeplace?	Name of consu	ltant	
	Tick if escort		Tick if esco	rt
Appointment dates	Cost of Journey* required*	Appointment dates	Cost of Journey* required	
	£		£	
	£		£	
	£		£	
	£		£	
	£		£	
Have ferry tickets for dates	of travel been included with this claim?	Please ensure f	erry tickets and appointment documentat	ion is included
Has an appointment card/le				
Total of claim £				
	failed to disclose other official sources of assis		rrect and that I will reimburse the Isle of	Wight
Signed	Date			
PLEASE NOTE:				
1 If you are in received 2 Reimbursement 3 *Only foot passe 4 Please be aware 5 Useful telephone Wessex Cancer British Red Cross	eipt of benefits this form should <u>NOT</u> be used. Ye is made by cheque to your home address. It is made to costs are reimbursed, no taxi, train/bus fate reimbursement is made only for Radiotherapy enumbers: Trust - I.O.W. Liason Officer, Kathy Snook - 07 is Society - 522718	ares or car ferry fees will be reimb //Chemotherapy treatment or plan	ursed).	pointments.