

Instructions for filling out the travel expense claims form

What is covered?

You may be entitled to reimbursement of necessary expenses incurred when you have to travel to and from publicly approved treatment. The main rule is that patient travel is covered at a standard rate per kilometre travelled. You must have travelled further than 10 km each way and the journey must not have been possible at the local minimum fare by public transport. If you have travelled further than 300 km, the equivalent cost of the journey on the cheapest form of public transport will be covered. If you have any questions about filling out the form, you can call Pasientreiser on 05515.

Please note that you must submit the application within 6 months of the journey taking place.

General information

- If you are going to apply for reimbursement of travel expenses at the standard rate per kilometre travelled, you should only complete page 1.
- If you are going to apply for reimbursement of additional expenses, you should also complete the other pages in the form.
- Remember to sign the form at the bottom of page 1 when you have finished filling it out.
- You must send the form and any additional documents by post - not by email. You must cover the costs of postage - this will not be covered by Pasientreiser.
- If you need to provide any written justifications in the form, use section 3. If you run out of space, you may add a separate sheet.
- If you have travelled to treatment under the auspices of OUS, provide details of this in the justification (section 3). If you run out of space, you may add a separate sheet.
- The rates for patient travel are determined by the Storting. You can find an overview of applicable rates at www.helsenorge.no.

1.1 Dette feltet skal fylles ut med informasjon om pasient (This field should be filled out with patient's details)

Whether you have been the patient yourself or have acted as a companion to a patient, this field must be filled in with the patient's personal details.

POSTNUMMER OG POSTSTED (POSTAL CODE AND POSTAL TOWN): You only need to provide a postal code. The postal town will be filled in automatically by the system. Remember to use block capitals when filling out the form.

1.2 Informasjon om konto og kontoeier (Details of account and account holder)

NAVN (NAME): Name details should only be provided if they are different to those provided in section 1.1.

KONTONUMMER (ACCOUNT NUMBER): Fill in the account number the payment should be made to.

BELØPSGRENSE (PAYMENT LIMIT): Sums under NOK 100 will not be paid. If you submit further applications during the next six months, and the total sum exceeds NOK 100, the full amount will be paid.

1.3 Opplysninger om behandlingsstedet (Details of treatment centre)

NÆRMESTE STED (CLOSEST CENTRE): The main rule is that you will be reimbursed your travel expenses to the nearest centre where the treatment is offered. What counts as the nearest centre depends on the type of treatment. The nearest centre for treatment is ordinarily the primary health service in your municipality. The nearest centre for treatment in hospital and other specialist health services is in your health region. If you are going to claim for expenses for a journey outside of your municipality or health region, go to section 2.1.

DATO (DATE): If you have made several identical journeys, then you may provide all the dates under section 1.3. Note that these fields may only be used if each journey was identical.

TIDSRIST (DEADLINE): Remember that you must submit the application no later than 6 months after treatment takes place. The exception to this rule is if you were not in a condition to submit the application before this deadline, or a health authority provided you with the wrong information about when to submit the application. In these cases, you must include documentation from a case officer.

REISER TIL ULIKE BEHANDLINGSSTEDER (TRAVEL TO DIFFERENT TREATMENT CENTRES:) You must fill out a form for each treatment centre you have travelled to.

LIKE REISER (IDENTICAL JOURNEYS): In the cases of repeated treatment at the same centre, you may include a separate sheet with an overview of the dates of each treatment. Note that the claim for travel expenses for the first treatment cannot be more than 6 months old.

1.4 Opplysninger om reisen (Details of journey)

ÉN VEI ELLER TUR RETUR (ONE WAY OR RETURN): Check the box to indicate how you travelled. Note that if you travelled to or from an address that is not your registered home address, you must also complete section 2.3.

LENGDE PÅ REISEN (LENGTH OF JOURNEY): If you record a journey of more than 300 km, the equivalent cost of the journey on the cheapest form of public transport will be covered.

2.1 Behandlinger utenfor egen helseregion/kommune (Treatments outside of your own health region/municipality)

DEKNING AV REISEN (COVERAGE OF JOURNEY:) The main rule is that your travel expenses the nearest centre where the treatment is offered within your municipality or region will be reimbursed. If you have documentation from the medical practitioner treating you stating that you must travel outside the region to receive treatment, your travel expenses will also be covered. This also applies if the treatment centre is included in the free choice of treatment scheme.

FRITT BEHANDLINGSVALG (FREE CHOICE OF TREATMENT): If you have taken advantage of the free choice of treatment scheme, please note that you must pay a higher patient's charge per journey.

DOKUMENTASJON (DOCUMENTATION): You must attach documentation if the medical practitioner treating you refers you for treatment outside your own health region/municipality.

NÆRMESTE GEOGRAFISKE STED (NEAREST GEOGRAPHICAL CENTRE): You must provide a justification in section 3 if the treatment centre is closest geographically, but is outside your own health region/municipality.

2.2 Reiser under 10 kilometer/reiser til lokal minstetakst (Journeys under 10 kilometres/journeys at local minimum fare)

Journeys under 10 kilometres, and journeys that could have been undertaken at the local minimum fare, will not ordinarily be covered. You may still apply for reimbursement of expenses for such travel if you have documentation demonstrating that you had to use a car/taxi for the journey.

2.3 Reiser til eller fra annet sted enn folkeregistrert adresse (Travel to or from a location that is not your registered address)

ANNEN ADRESSE (OTHER ADDRESS): If you travelled from an address other than your registered address, you must enter it here.

YRKESKADE (OCCUPATIONAL INJURIES): If you travelled for treatment of an occupational injury, you must attach both the decision from NAV and confirmation from your medical practitioner that you attended for treatment of the occupational injury.

UVENTET BEHOV FOR HELSEHJELP (UNEXPECTED NEED FOR HEALTH CARE): If you had an unexpected need for health care, please provide a justification in section 3.

2.4 Bytte av transportmiddel, registrering av tilleggsutgifter og rekvirert reise (Change of mode of transportation, recording additional expenses and requisitioned travel)

BYTTE AV TRANSPORTMIDDEL (CHANGES OF MODE OF TRANSPORTATION): If you used different modes of transport, e.g. parts of your journey were made by car, followed by train, you may enter the modes of transportation here. If you benefited from requisitioned travel, enter "requisitioned" in the mode of transportation field. You only need to specify the modes of transportation if you are applying for reimbursement of additional expenses associated with the different forms of transport.

OFFENTLIG TRANSPORT (PUBLIC TRANSPORT): If the journey is under 300 km, you do not need to attach tickets for public transportation.

REKVIRERT REISE (REQUISITIONED TRAVEL): If parts of your journey were booked in advance and paid for by Pasientreiser, enter "requisitioned travel" in the modes of transportation field.

TRANSPORTMIDDEL (MODES OF TRANSPORTATION): If you travelled on several modes of transportation, you must enter a line for each mode, e.g. if you travelled by both ferry and bus.

TILLEGGSUTGIFTER (ADDITIONAL EXPENSES): You may be entitled to reimbursement of additional expenses. Fill out the fields for relevant additional expenses, and remember to attach the receipt(s). The costs of toll roads and the use of studded tyres do not need to be documented.

PARKERING (PARKING): You must attach receipts for parking expenses. Providing the ticket issued upon arrival by the machine is not sufficient. If you do not have a receipt, you may attach a bank statement showing the charge.

2.5 Fritak fra å betale egenandel (Exemption from paying patient's charge)

Ordinarily, you will have to pay a patient's charge for each journey, but some people are exempt from paying this. The following people have exemptions:

- a. companions
- b. children under 16 years old
- c. travel to examine or treat occupation injuries or injuries sustained in war
- d. travel to examine, treat or control a communicable disease
- e. travel to be admitted for compulsory psychiatric care
- f. travel for compulsory psychiatric care when not an inpatient
- g. family member's travel to psychiatric outpatient clinic for children and young people who fulfil the terms of section 19 of, subsection b of the Patient Journeys Regulation.
- h. travel for organ transplant donors
- i. transfer between institutions within one healthcare provider

If the patient is travelling to hospital, a district psychiatric centre or institution that offers multidisciplinary specialised treatment for substance abuse outside of their own region of residence, the patient must pay an increased patient's charge. The patient should still pay the regular patient's charge each way if healthcare services are provided at the nearest centre they can be offered, or if the regional healthcare provider does not offer the healthcare service in the patient's region of residence.

2.6 Kost, overnating og andre tilleggsutgifter (Food, accommodation and other additional costs)

KOST OG OVERNATTING (FOOD AND ACCOMMODATION): You are entitled to a subsistence allowance if the effective duration of your absence from home exceeds 12 hours. Enter the number of days you were travelling. You do not need to attach receipts for food expenses, as this is paid on the basis of fixed rates. Overnight accommodation will be covered when it is a necessary for travel purposes. You must document your accommodation costs. Accommodation in private residences will not be reimbursed. Food and accommodation costs while a patient is an inpatient will not be covered. This also applies to companions. As a patient, you may choose to stay overnight at the treatment centre instead of travelling home between treatments. In this case, your food and accommodation costs will be reimbursed up to what it would have cost to travel back and forth. If you have incurred such expenses, please describe them in section 3. You should also specify the dates of travel here.

TAPT ARBEIDSFORTJENESTE (LOSS OF EARNINGS): If you have attended treatment for an occupational injury, you may be entitled to reimbursement of lost earnings according to special rules. You must enter the number of hours you are applying to have covered on the form, and the application will be evaluated according to the regulations and rates set by the Storting.

ANDRE TILFELLER (OTHER CASES): In special circumstances, an application may be made for expenses related to car cleaning, shipping of luggage or hours of lost earnings in the event of treatment for an occupational injury.

2.7 (Permisjonsreise og reise til kurs og opplæring) Travel on leave and travel to courses and training

PERMISJONSREISE (TRAVEL ON LEAVE): In the event of life threatening illness, patients may be entitled to reimbursement of travel expenses while on leave from their hospital stay. Confirmation must be provided by the attending physician that the patient is suffering from a life threatening illness.

KURS OG OPPLÆRING (COURSES AND TRAINING): Close family members are entitled to reimbursement of travel expenses to attend courses or training under the auspices of a health institution, provided that the course or training has medical or treatment-related contents, that participation in the course is necessary for future monitoring of the patient, and the patient is over 18 years old. Travel will be covered according to the same rules as those for patients. Travel expenses for this type of travel will be covered for one journey per week.

2.8 Reiseledsager/pårørende/foresatt (Travel companions/family/guardians)

This section contains five options. You may only choose one.

JEG SØKER SOM PASIENT OG VIL SØKE OM Å FÅ DEKKET UTGIFTER FOR REISELEDSAGER (I AM APPLYING AS A PATIENT AND WISH TO APPLY FOR REIMBURSEMENT OF EXPENSES FOR A TRAVEL COMPANION): Check this option if you have been a patient undergoing treatment and required a travel companion. You must attach documentation from your medical practitioner that you needed to have a travel companion. Children under 18 years old do not require documentation for their companions. When applying as a patient, you do not need to include confirmation of attendance.

JEG SØKER SOM FORESATT FOR BARN UNDER 12 ÅR (I AM APPLYING AS A GUARDIAN OF A CHILD UNDER 12 YEARS OLD): Check this option if you are the guardian of a child under 12 years old and the child has undergone treatment. Check this option both when you have been a travel companion and when the child has travelled to their treatment alone. When applying for reimbursement of expenses as a guardian of a child under 12 years old, you do not need to include confirmation of attendance.

JEG SØKER SOM PÅRØRENDE (I AM APPLYING AS A FAMILY MEMBER): Check this option if you are a close family member and have travelled in one of the following circumstances:

- children (under 14 years old) travelling to guardians who are suffering from life threatening illness and are admitted to hospital for a period of at least two weeks without being able to travel home (valid for one journey per week)
- family members travelling to psychiatric outpatient clinics for children and young people
- family members travelling to resource centres for people with rare disorders
- family members who have participated in courses under the auspices of healthcare providers that are necessary for the future monitoring of patients.

When applying as a close family member, you must include confirmation of attendance from the treatment location.

JEG SØKER SOM REISELEDSAGER (I AM APPLYING AS A TRAVEL COMPANION): Check this option if you have acted as a travel companion for a patient. You must attach documentation from the medical practitioner that the patient needed to have a travel companion. If, as a travel companion, you apply alone rather than together with the patient, you must attach documentation from the medical practitioner that the patient attended their treatment. Transportation costs for travel companions will only be covered where public transport is used. Provide receipts showing that the patient and companion travelled together on public transport. This will allow you to receive two standard rates of reimbursement. As a rule, only the costs of one travel companion will be covered. You may apply for reimbursement of expenses for two travel companions if you have documentation from your treatment location that this was necessary. Additionally, the costs of two companions will be covered when guardians travel with seriously ill children to and from hospital. If two guardians travelled, you must provide details about guardian no. 2 on a separate sheet.

JEG SØKER SOM FORESATT TIL EN PERSON MELLOM 12–18 ÅR (I AM APPLYING AS A GUARDIAN TO AN INDIVIDUAL AGED 12-18 YEARS OLD): Check this option if you are the guardian of a child aged 12–18 years old and the child has undergone treatment. Check this option both when you have been a travel companion and when the child has travelled to their treatment alone. When applying as a guardian of a child aged 12–18 years old, you must include confirmation of attendance from the treatment centre.

2.9 Informasjon om reiseledsager/pårørende/foresatt (Details of travel companion/family member/guardian)

If you are applying as a travel companion, family member or guardian, as described in section 2.8, you must provide your personal details here.

2.10 Foreldre til innlagt barn (Parents of hospitalised children)

If you are a parent applying for reimbursement of travel expenses due to your child being hospitalised, state the reason for the journey here. Provide the reason for the journey if you are applying for reimbursement of travel expenses as a guardian on an occasion when the child did not travel on the same day.

2.11 Opplysninger om ledsagers reise (Details of companion's travel)

If the travel companion and patient's journeys were identical, you do not need to fill in the length of journey, change of mode of transportation or additional costs.

BYTTE AV TRANSPORTMIDLER (CHANGES OF MODE OF TRANSPORTATION): Details about changes of mode of transportation should only be provided if reimbursement of extra costs in relation to mode of transportation are being applied for.

2.12 Kost, overnating og andre tilleggsutgifter for ledsager (Food, accommodation and other additional costs for companions)

DOKUMENTASJON PÅ TILLEGGSUTGIFTER TIL PASIENT (DOCUMENTATION OF ADDITIONAL COSTS FOR PATIENT): The patient's medical practitioner must confirm that a travel companion is required on medical or treatment-related grounds. This documentation must be attached to the application. If you are applying for reimbursement of overnight accommodation costs, a receipt for these expenses must be attached to the application. Transportation, food and accommodation costs for travel companions will be reimbursed according to the rules applicable to patients.

TAPT ARBEIDSFORTJENESTE FOR LEDSAGER (LOST EARNINGS FOR COMPANION): If you are applying for reimbursement of lost earnings/the cost of hired help, this must be documented. The documentation must show the number of hours the companion lost in salary/has paid for hired help, and the sum deducted/paid. This is covered by fixed rates. Remember that documentation from employers/accountants in relation to lost earnings must be attached. You may apply for reimbursement of lost earnings for a travel companion by attaching a separate sheet to the application.

3. Begrunnelse eller annen informasjon (Justification and other information)

Use this field if you have provided information that requires justification or other supplementary details. If there is not enough room in the field, you can include the details on a separate sheet.

Further information?

Do you want further information? See Regulation FOR-2015-06-25-793: Pasientreiseforskriften (The Pasientreiser Regulation). Contact Pasientreiser by phone on 05515, or read more at www.helsenorge.no.