

All about Travel to treatment or rehabilitation

If you have to travel a long way for medical treatment or rehabilitation, or have high travel costs, we may be able to help you pay. The following information tells you whether you qualify and how to apply.

When can we help?

Wellnz on behalf of your employer can help pay your travel costs when you travel by the shortest most practical route to:

- treatment, rehabilitation assessment or reassessment, counselling, your job
- obtain or have an aid or appliance fitted, eg artificial limb
- training for independence programmes
- Wellnz approved inpatient, residential, or outpatient rehabilitation programmes, or Wellnz agreed vocational rehabilitation services, courses or programmes.

We can help pay for you to get to your nearest place of treatment or rehabilitation, via the shortest most practical route, if your claim is accepted and you meet one of the conditions in the table below:

If...	you travel...
within 14 days of your injury	more than 20 kilometres (one way per trip), or
within any calendar month	more than 80 kilometres, or
If...	you spend...
within any calendar month	more than \$46 on bus, train or ferry, or
within any calendar month	more than \$46 on other transport, eg taxis, hire-cars or shuttles (prior approval is needed)

How much can Wellnz pay towards my transport costs?

- If you meet the conditions above we'll pay your full bus, train, or ferry fare.
- If you return to where you started from we'll also pay your return fare.
- If you use a private vehicle we'll pay 29 cents per kilometre (GST incl).

Will Wellnz pay if I need someone to travel with me?

We can help pay the travel costs for someone to travel with you, if you qualify for travel costs and:

- you're under 18 years, or
- your medical condition requires that you travel with an escort, or
- the transport provider requires you to have an escort.

If you share private transport we'll pay the private transport rate for one person only.

Will Wellnz pay for my accommodation?

If transport isn't available to get you home after your treatment or rehabilitation session, we can contribute up to \$57.55 (GST incl) a night towards your accommodation costs.

Will Wellnz pay for a support person to visit me during rehabilitation?

If you're under 18 and receiving Wellnz approved inpatient or residential rehabilitation:

- we can help pay your support person's travel costs if they travel more than 80 kilometres, or spend more than \$46 on bus, train or ferry fares or other transport costs, within any calendar month.

If you're 18 years or over and the presence of your support person will help you to achieve your rehabilitation outcomes:

- we can help pay your support person's travel costs if they travel more than 80 kilometres one way in a single trip to visit you. (We will only pay for one visit, and up to two nights' accommodation, per week.)

Do I need prior approval before Wellnz can pay?

You need prior approval if you want us to help pay for some travel-related costs. Please talk to us first if you want us to help pay for any of the following:

- travel by taxi, shuttle, hire car, or water taxi
- travel by air transport - if your injury prevents you from travelling by other means, or if it is the most cost-effective way of getting you to the nearest place of rehabilitation
- accommodation or another person's travel

To request prior approval call your Case Manager.

How do I claim for my costs?

- Fill in the *Request for Transport Costs form* enclosed and provide bank account details.
- Ask each rehabilitation provider you visit to sign it.
- Send the signed form to us with your tickets or receipts.

We'll try to give you our decision within 21 days. If we're able to contribute to your travel costs we'll pay the money into your bank account.

If we can't contribute the District Health Board may be able to.

Request for Transport Costs

IMPORTANT INFORMATION: Before you complete this form, please read the fact sheet *All about Travel to treatment or rehabilitation*, which outlines the details on what help you may be eligible for. Payment of or contribution to your expenses can only be considered if all the details requested are provided. Prior approval from Wellnz is required for contributions to the actual costs of other non-private transport (e.g. taxi) – please call Wellnz on 0508465879 to seek prior approval or for further information or assistance.

Please also attach a **computer generated bank deposit slip** (pre-printed with your name); **or a screen shot** from internet banking, which must include the bank's logo and your account number. If you have not got either of these, we can accept a hand-written deposit slip stamped by your bank or any other form of confirmation that is printed on bank letterhead. The bank account must be in your own name. You can provide a joint or trust account, as long as your name is included as one of the account holders.

CLAIMANT DETAILS							
Claimant's name :				Claim number :			
Address :							
TRAVEL TO TREATMENT/REHABILITATION DETAILS							
For calendar month: _____, 20____				Attach tickets or receipts for any travel by scheduled public or other non-private transport.			
	Date	Travel from	Reason for Travel	Treatment / Rehab provider's stamp (with name & address) and signature	Total kms travelled	Fare	WELLNZ USE – Codes
1					km	\$	
2					km	\$	
3					km	\$	
4					km	\$	
5					km	\$	
6					km	\$	
See the fact sheet <i>Travel to treatment or rehabilitation</i> for details of the criteria for payments.					Total	km	\$
DECLARATION							
<p>Claimant's declaration</p> <p>I declare that the information on this form is correct and that I have not withheld any information likely to affect this request for travel costs.</p> <p>Signature: _____ Date: _____</p> <p>OR Representative's declaration (where claimant is under 16, or unable to sign)</p> <p>Representative's name: _____</p> <p>Relationship to claimant: _____</p> <p>Why is the claimant unable to sign this form? _____</p> <p>I declare, to the best of my knowledge, the information on this form is true and correct, and that I have the authority of the claimant to sign this form.</p> <p>Signature: _____ Date: _____</p>							
<p>OFFICE USE ONLY</p> <p>Entitlement checked by: _____</p> <p>Date: _____</p> <p>Total payable: \$ _____</p> <p>Entry by: _____</p> <p>Authorised by: _____</p> <p>Date: _____</p>							

The information collected on this form will only be used to fulfil the requirements of the Accident Compensation Act 2001. In the collection, use and storage of information, Wellnz will at all times comply with the obligations of the Privacy Act 2020 and the Health Information Privacy Code 2020.

Return this form to: Wellnz Ltd P O Box 3096 or email to: claims@wellnz.co.nz