

# Travel Expenses Claim Form



Please complete this form if you are making a claim for expenses of travel between your home and a place of treatment of your dust disease.

Section 60(3) of the Workers' Compensation Act 1987 states compensation payments can be made only if the costs are properly verified.

We will only pay for travel that we accept as reasonably necessary and directly related to your dust disease.

## Personal Details

Name:		File No:	DOB:
Address:			

Please list your travel expense details related to your Dust Disease.

Note: Travel and parking when family members visit you in hospital cannot be claimed.

Date	Origin	Destination	Kilometres travelled (in the absence of available Public transport)	Name and specialty of Health Practitioner and/or Name of Facility (e.g. <i>Dr John Smith, Respiratory</i> or <i>Westmead Hospital</i> ).

TOTAL      km @ \$0.55/km = \$ \_\_\_\_\_

Please note: All receipts (if public transport or parking) MUST be attached (where applicable)

The above travelling expenses were incurred by me in obtaining treatment or being provided with services that were reasonably necessary as a result of my dust disease.

Signature of beneficiary \_\_\_\_\_

Date \_\_\_\_\_

Please forward this form to:

Dust Diseases Care, GPO Box 5323, Sydney NSW 2001  
Tel: (02) 8223 6600 or 1800 550 027 Fax: (02) 9279 1520  
Email: [DDAenquiries@icare.nsw.gov.au](mailto:DDAenquiries@icare.nsw.gov.au)