

## Dialysis Mileage Reimbursement Scheme REGISTRATION FORM

<b>FULL NAME OF CLAIMANT</b>	
<b>FULL NAME OF PATIENT</b> <i>(if different from above)</i>	
<b>ADDRESS</b>	
<b>POSTCODE:</b>	
<b>EMAIL ADDRESS</b> <i>(for payment remittance only)</i>	
<b>TELEPHONE NUMBER</b> <i>(in case of queries)</i>	

<b>DIALYSIS UNIT: Cotswold / Severn / Forest / Other</b> <i>(please specify)</i>
If you do not attend the closest unit to your home we may ask you to provide confirmation from your clinician that it is clinically necessary for you to travel to a more distant unit. Without clinical confirmation we may only be able to pay the equivalent mileage to the closest unit.

<b>I confirm that:</b>	<b>TICK</b>
<b>I [the patient] am registered with a Gloucestershire GP</b>	<input type="checkbox"/>
<b>I will notify Gloucestershire Clinical Commissioning Group of any changes to:</b>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Location and/or frequency of dialysis treatment</li> <li>• Home address</li> <li>• GP registration</li> <li>• Any other significant changes which impact transport to dialysis</li> </ul>	<input type="checkbox"/>
<b>I CONSENT TO THE INFORMATION I HAVE SUPPLIED TO BE USED FOR PROCESSING MY CLAIMS.</b>	
This information will be processed in line with General Data Protection Regulations (GDPR)	
<b>SIGNATURE [of Patient]:.....DATE:.....</b>	

Following registration you will receive a confirmation letter and registration number

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### PAYMENT WILL BE MADE BY DIRECT BANK TRANSFER

<b>CLAIMANT'S BANK DETAILS</b>	
<b>ACCOUNT HOLDER NAME:</b>	
<b>ACCOUNT NUMBER:</b>	
<b>SORT CODE:</b>	

Return completed form to:  
The Patient Transport Team  
Gloucestershire Clinical Commissioning Group  
Sanger House, 5220 Valiant Court  
Gloucester Business Park, Brockworth, Gloucester, GL3 4FE

### Dialysis Mileage Reimbursement Scheme CHANGE OF CIRCUMSTANCE FORM

<b>SCHEME REGISTRATION NUMBER</b>	<b>VSR</b>
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<b>FULL NAME OF CLAIMANT</b>	
<b>FULL NAME OF PATIENT (if different from above)</b>	
<b>TELEPHONE NUMBER (in case of queries)</b>	

**I WISH TO NOTIFY THE FOLLOWING CHANGES TO MY CIRCUMSTANCES**

<b>CHANGE</b>	<b>TICK</b>		
<b>Registered GP</b>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>Details:</b></td> <td style="width: 40%; padding: 5px;"><b>Change effective from:</b> <i>dd/mm/yy</i></td> </tr> </table>	<b>Details:</b>	<b>Change effective from:</b> <i>dd/mm/yy</i>	
<b>Details:</b>	<b>Change effective from:</b> <i>dd/mm/yy</i>		
<b>Change of address</b>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>Details:</b></td> <td style="width: 40%; padding: 5px;"><b>Change effective from:</b> <i>dd/mm/yy</i></td> </tr> </table>	<b>Details:</b>	<b>Change effective from:</b> <i>dd/mm/yy</i>	
<b>Details:</b>	<b>Change effective from:</b> <i>dd/mm/yy</i>		
<b>Change of unit</b>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>Details:</b></td> <td style="width: 40%; padding: 5px;"><b>Change effective from:</b> <i>dd/mm/yy</i></td> </tr> </table>	<b>Details:</b>	<b>Change effective from:</b> <i>dd/mm/yy</i>	
<b>Details:</b>	<b>Change effective from:</b> <i>dd/mm/yy</i>		
<b>Any other changes (please specify and provide details)</b>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>Details</b></td> <td style="width: 40%; padding: 5px;"><b>Change effective from:</b> <i>dd/mm/yy</i></td> </tr> </table>	<b>Details</b>	<b>Change effective from:</b> <i>dd/mm/yy</i>	
<b>Details</b>	<b>Change effective from:</b> <i>dd/mm/yy</i>		
<b>I wish to withdraw from the scheme</b>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"><b>Details</b></td> <td style="width: 40%; padding: 5px;"><b>Change effective from:</b> <i>dd/mm/yy</i></td> </tr> </table>	<b>Details</b>	<b>Change effective from:</b> <i>dd/mm/yy</i>	
<b>Details</b>	<b>Change effective from:</b> <i>dd/mm/yy</i>		

<b>I CONSENT TO THE INFORMATION I HAVE SUPPLIED TO BE USED FOR PROCESSING MY CLAIMS.</b> This information will be processed in line with General Data Protection Regulations (GDPR)
<b>SIGNATURE [of Patient]:.....DATE:.....</b>

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Gloucestershire Clinical Commissioning Group  
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Gloucester Business Park  
Brockworth, Gloucester, GL3 4FE  
Form M1b v2.0