University Hospitals Bristol NHS
NHS Foundation Trust

Healthcare Travel Cost Scheme (H.T.C.S.) – Supplementary Information

Patient Name:_____

Hospital / Trust or NHS Number:_____

Date of Claims:_____

Patients attending by car please supply the following information to enable us to pay the correct pence per mile rate:

Car registration number:

Make of Car:_____

Engine Size and Fuel Type:_____

To receive payments for your postal claim please complete the section below.

Name of Account Holder:_____

Bank Name / Branch:_____

Sort Code:

Account Number:

Signed:_____

Please send completed forms with your HC5 Claim form.