

# Application for Accommodation/Travel Benefits

## Client Details

St.LukesHealth membership number:

Policy holder:

Address:

## Practitioner declaration

I hereby certify that

has been **referred to me** for consultation / treatment on

D	D	/	M	M	/	Y	Y	Y	Y
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and that (tick box where applicable):

I am the nearest  
available specialist.

An attendant was necessary  
to accompany the patient.

The patient is  
not eligible for  
assistance under  
the Patient  
Travel Assistance  
Programme.

The Treatment is essential  
and not available in the area  
in which the Patient resides.

In my opinion the treatment  
may take  days.

if not eligible for the patient travel assistance programme, please state reasons:

Name of practioner (please print):

Signed:

Practice address: