

*Include with your claim all tickets and other receipts. Reimbursements for expenses must be applied for within one year from the date in which they were incurred.*

Date of accident or onset of disease
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**Personal details**

Family name and first names	Personal ID
E-mail	Telephone
Address, postcode and city	

*Travel expenses are reimbursed only for trips made to receive essential medical treatment for the injury or disease. Visits to Mela, for example, are not eligible for compensation.*

*As a rule, travel expenses that are reimbursed cover the use of public transport for return trips to the nearest treatment facility or to the treatment facility specified in the payment commitment made by Mela. The compensation basis for travel using one's own car is half of the tax-free mileage allowance stipulated by the Tax Administration. Other modes of transport, such as taxi, may be accepted only if justified by the nature of the injury or a lack of other transport. The reasons for travelling by taxi must be given under "Further information". These reasons may include, for example, an unreasonable amount of time waiting for a bus or an excessive distance to the nearest bus stop.*

*Each trip should be individually itemised on the claim form. However, if the same trip is repeated, details are required only for the first trip. The number of these trips can then be specified under "Number of trips", and the dates of these trips can be included under "Further information".*

<b>Trip 1:</b> Starting on (date)	Time	Ending on (date)	Time	Return distance, km
Means of transport	Purpose of trip			Cost, euros
Route (e.g. home – treatment facility – home)			Number of trips	<b>Total cost, euros</b>

<b>Trip 2:</b> Starting on (date)	Time	Ending on (date)	Time	Return distance, km
Means of transport	Purpose of trip			Cost, euros
Route (e.g. home – treatment facility – home)			Number of trips	<b>Total cost, euros</b>

<b>Trip 3:</b> Starting on (date)	Time	Ending on (date)	Time	Return distance, km
Means of transport	Purpose of trip			Cost, euros
Route (e.g. home – treatment facility – home)			Number of trips	<b>Total cost, euros</b>

<b>Trip 4:</b> Starting on (date)	Time	Ending on (date)	Time	Return distance, km
Means of transport	Purpose of trip			Cost, euros
Route (e.g. home – treatment facility – home)			Number of trips	<b>Total cost, euros</b>

**Further information**

**Signature** I hereby declare that the information provided in this form is true and correct.

Place and date	Signature and name in block capitals
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**Mela**

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