Image: Second system       You can also file the claim and related documentation online at www.kela.fi/omakela (in Finnish) or www.fpa.fi/mittfpa (in Swedish). More information is available at www.kela.fi/travel-costs         Image: Second system       If you have questions, please call our customer service number (www.kela.fi/call-kela)		Claim S Reimbursement for travel expenses	
		Please make sure to complete the form carefully. Attach all necessary documentation. We may contact you for further information if necessary Send your claim and any supporting documents by mai The address is Kela, PL 10, 00056 KELA.	
When to claim: Within s	usly claimed benefits from Kela and x months of the trip or the payment. or rehabilitation client)	you have moved to Finland, also complete form Y 77e.	
When to claim: Within s	x months of the trip or the payment.	you have moved to Finland, also complete form Y 77e.	
When to claim: Within s 1. Claimant (patient	x months of the trip or the payment. or rehabilitation client)	you have moved to Finland, also complete form Y 77e.	
When to claim: Within s  1. Claimant (patient Personal identity code	ix months of the trip or the payment. or rehabilitation client) Family name and given name E-mail	you have moved to Finland, also complete form Y 77e.	
When to claim: Within s  1. Claimant (patient Personal identity code Telephone Name and telephone numbe	ix months of the trip or the payment. or rehabilitation client) Family name and given name E-mail	you have moved to Finland, also complete form Y 77e.	
When to claim: Within s  1. Claimant (patient Personal identity code Telephone Name and telephone numbe	x months of the trip or the payment.  or rehabilitation client)  Family name and given name  E-mail  r of personal attendant  s data from the population data system.	you have moved to Finland, also complete form Y 77e.	

You can issue a power of attorney to authorise another person or the employer to receive the reimbursement due to you. Provide information about the authorised person or employer in section 10 Power of attorney.

Illness, pregnancy or childbirth	Rehabilitation services provided through Kela
Traffic accident or industrial accident Enclose Kela's form SV 143e (Accident repor	Participation of a family member in the care of the patient or the rehabilitation of the rehabilitation client Enclose Kela's form SV 67 (Todistus – Matkakorvausta varten).
Other reason, please specify.	
Complete when necessary.     I have chosen the place of treatment based o     I have a payment voucher or service voucher     Specify where you have received the payment	
Complete when necessary.	
I have chosen the place of treatment based o	·
I have a payment voucher or service voucher	the wellbeing services county for medical care or rehabilitation.
Specify where you have received the payment	cher or service voucher.

## 5. List of trips made

State the date of travel, name of the healthcare provider (e.g. Riihimäki healthcare centre) and the addresses including starting point and destination (e.g. departure address - Riihimäki healthcare centre), means of transport used, distance travelled in kilometres and the travel expenses.
 Report the information for the outward trip and the return trip on separate lines.

Date of travel	Name of healthcare provider and addresses, starting point and destination.	Means of transport	Length of the trip (km)	Expenses, EUR
		Total travel e	expenses, EUR	

## 6. Expenses for overnight accommodation

You may be entitled to an accommodation allowance if you have to stay overnight because of an examination, treatment or traffic conditions. State the reason for the overnight accommodation at section 8 Additional information. Keep the receipt for six months as Kela can request it, if needed. Expenses for overnight Person staying overnight Dates for overnight stay accommodation, EUR Claimant (patient or rehabilitation client) Personal attendant Family member travelling separately 7. Enclosures Kela's form SV 67 (Todistus - Matkakorvausta varten) or other equivalent verification I have already filed a certificate on the need for a special means of transport that is valid for a specific time period or for an unspecified period of time. Receipt or receipts for travel expenses due to use of a special means of transport receipts Kela's form SV 143e (Accident report) Other enclosure Please specify: 8. Additional information – Write the number of the section you are referring to.

Additional information on a separate sheet. Write your name and personal identity code on the sheet.

## 9. Signature

I declare that the information I have given above is true and accurate.

Place and date Signature, printed name and telephone number of the claimant, his/her legal guardian or representative, close relative or other person with main responsibility for the welfare of the claimant

## 10. Power of attorney

I hereby authorise the person or employer named below to collect any reimbursement awarded to me.

Name and personal identity code of the authorised person or name and business ID of the authorised employer

Address of the authorised person or employer				
Postal code	Postal district			
Bank account number of	of the authorised person or company			
Name and telephone nu	umber of the employer's representative			
Place and date	Signature and printed name of the grantor			
	ed on the basis of the lowest-cost means of transport, taking into account the customer's medical condition and the traffic that the copayment for taxi or ambulance transport is not reimbursed.			
Information obtained for the obtained within the context	e purpose of deciding the present matter may be used for other benefit-related matters, if so required under law. Any information t of another benefit may also be used to decide the present matter. Please contact us for more information about which outside obtain additional information about your circumstances and to whom we may provide such information.			