



For postal return:  
Sheffield Association for Spina Bifida and Hydrocephalus  
Barbara and Les Base (BL10)  
57 Burton Street  
Sheffield  
S6 2HH

For digital return:  
Email a photo of this form to [info@shasbah.co.uk](mailto:info@shasbah.co.uk)

## Claim for Visiting a Member in Hospital

Full name of member:.....

Full name of Claimant:.....

Address of Claimant:.....

.....Postcode:.....

Hospital Name:.....

Reason for Admission:.....

Number of miles from Home to Hospital:..... miles (round trip)

Date Admitted:..... Date discharged:.....

Number of nights in hospital:.....

Hospital Stamp:

Hospital signature:.....

Number of days when you visited the patient:.....

Name of account holder:.....

Sort code: ..... Account number: .....

Email address: .....

Signature of claimant:.....

Date of claim:.....

Rates:

0 - 20 miles from Home to hospital

£10 per visit / round trip

21 + miles from Home to hospital

£12 per visit / round trip

NB: The maximum number of visits that can be claimed for is 30. Only 1 visit per day can be claimed.