

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) Application Form

IPTAAS is a transport and accommodation subsidy scheme that assists people in isolated and rural communities to gain access to specialist medical treatment not available in their own area.



Health

You are eligible to apply for IPTAAS if

- You are an Australian citizen or resident residing in NSW or Lord Howe Island and eligible for Medicare.
- You have been referred by a recognised, accredited medical practitioner for inpatient/ outpatient specialist medical treatment and/or specialist oral health surgical treatment that is not available locally.
- You are required to/have had to travel at least 100 km one way or a cumulative distance of 200km in a week from your usual place of residence.
- You have been referred to the nearest available specialist (or the referring practitioner gives a valid medical reason for referral to a more distant specialist).
- You have a private health fund and have already claimed the maximum benefits first, or have documentation from the fund that you are not eligible for benefits for this claim.
- You are a transplant recipient or donor undertaking a transplant procedure.
- You can be registered as a cleft lip/palate patient requiring specialist oral health surgical treatment.
- You are an itinerant worker or person of no fixed address.
- You are an escort (relative, friend or carer) and the referring medical practitioner or treating specialist certifies that it is medically necessary for an escort to accompany the patient during their journey and/or to remain with the patient during the period of treatment.

You are not eligible to apply for IPTAAS if

- Your travel/accommodation costs have been provided through the Department of Veterans' Affairs, other commonwealth/state government schemes, state and employer schemes, workers compensation claims, third party or any other insurance claim.
- You travel by ambulance, air ambulance, other emergency transport or inter-facility transfer.
- You are undergoing general medical treatment by general practitioners and allied health professionals such as psychologists, physiotherapists and speech pathologists.
- You are undergoing general dentistry treatment such as tooth extractions.
- You have been away from your home at the time of accident or illness.
- You live less than 100 km (one way) from the nearest treating specialist or travel less than 200km per week for specialist treatment.
- The treatment undertaken is associated with a clinical trial.

How to make a claim

An application form must be submitted for your initial appointment. Claims for subsequent visits to the same specialist within a year of referral can be made by completing the Travel Diary which should be signed by the treating specialist (or authorised representative) and sent together with receipts for public transport and/or accommodation to your local IPTAAS Office. Please ensure all sections of the application form and/or travel diary are completed. Incomplete forms will be returned for more information.

Section A

To be completed by patient prior to treatment

- Attach copy of current pension or health care card, if applicable
- Copy of payment(s) from private health fund for travel and accommodation, if applicable. You must have already have claimed the maximum benefits first.

Section B

To be completed and certified by the referring medical practitioner (or authorised representative)

- This section must be certified by the referring medical practitioner (or authorised representative).
- More information can be obtained from the *Transport for Health – IPTAAS Guidelines for Medical Practitioners and Specialists*.

Section C

To be completed and certified by the treating specialist/registrar (or authorised representative)

- This section must be certified by the treating specialist/registrar (or authorised representative).
- More information can be obtained from the *Transport for Health – IPTAAS Guidelines for Medical Practitioners and Specialists*.

Section D

To be completed by the patient after travel

- Original travel tickets and receipts, including local and/or metropolitan taxi and/or public transport, must be attached
- For approved air travel the original ticket or E Ticket confirmation showing the cost of the flight must be attached
- For overnight accommodation, original receipts/tax invoices must be attached. A commercial accommodation provider must be a registered business.
- If applicable, you have attached a copy of the escort's current pension or health care card
- You have completed and signed the payment details and certification
- **Note.** Credit card, EFTPOS, cash receipts alone are not acceptable, nor are photocopies of receipts and tickets.

Send your completed form and documentation to your nearest IPTAAS Office (see back of form).

***Note that claim forms must be lodged within six months of each return journey for specialist treatment. Claims under the 200km per week cumulative distance rule should be lodged within six months of the first return journey, or at the completion of block treatment.**

Benefits Payable under IPTAAS

- Partial reimbursements to assist patients to recoup some of the costs associated with travel to access specialist medical and/or oral surgery treatment, not available locally.
- Public transport assistance is reimbursed at economy rates less GST. If upgrades are required for medical reasons this must be certified by the referring doctor/ treating specialist.
- Private motor vehicle use is reimbursed at a standard subsidy rate of 19.0 cents/km.
- A subsidy is available to assist with the cost of taxi fares. The maximum subsidy is available for taxi fares regardless of the number of trips and applies to the patient or patient and escort travelling together (not individually).

One visit/consultation	Max \$20
Short term visit (2-7 days)	Max \$40
Medium term visit (8-14 days)	Max \$80
Long term visit (15 or more days)	Max \$160

- Air travel costs are only reimbursed when the medical practitioner or treating specialist has obtained prior approval from the IPTAAS Office. If the prior approval number is missing or incomplete this may result in non-reimbursement of travel costs or reimbursement at the equivalent of a private motor vehicle journey only.
- Assistance towards commercial accommodation costs (hotel, motel, hostel, apartment and caravan park) is paid on a per night/per room basis; up to \$43 per night per single room or \$60 per night per double room.
- A private accommodation allowance of \$140 per week is payable.

Terms and Conditions

- IPTAAS is not a full reimbursement scheme. A mandatory personal contribution of \$40 (not applicable for pensioners or health care card holders) will be deducted from the total benefits payable for each return journey. Contributions will be capped once IPTAAS subsidies reach \$1000 within a one year period.
- Where the referring medical practitioner/treating specialist certifies one escort as medically necessary, financial assistance towards travel and accommodation costs is provided. A separate contribution (where applicable) will be deducted where separate or additional costs are incurred by an escort.
- An escort can be a relative, friend or carer.
- Patients under the age of 17 years are automatically entitled to one escort.
- If you wish, you may provide details of a person that you authorise to be the main contact on your behalf for this application.
- Claimants are required to provide details of any travel/accommodation costs that have been provided or may be provided in the future through the Department of Veterans' Affairs, other commonwealth/ state government schemes, state and employer schemes, third party, workers compensation and/or any other insurance claims. If the claimant makes an IPTAAS claim and subsequently recovers the cost of travel and accommodation benefits from an insurer, NSW Health will require reimbursement for the benefits paid out under IPTAAS.
- Application forms or travel diaries must be lodged within 6 months of each return journey for specialist consultation or treatment or at the completion of a block of treatments, eg patients receiving radiotherapy over an extended period of time, or attending dialysis appointments several times per week.
- Patients claiming under the 200km per week cumulative distance rule may submit their claims on a monthly basis.
- Referrals from a medical practitioner for ongoing specialist medical treatment must be provided on a 12-monthly basis.
- Original receipts and tickets must be submitted.

A

Section A – Patient details

Please PRINT using a black or blue pen. Please complete all questions.

To be completed by/on behalf of the **patient** before the referring medical practitioner completes section B.

Office use only

Registration number

1. Patient details

Title Mr Mrs Ms Dr

Family Name

First Name

Date of Birth / /

Residential Address

Postcode

Contact number/s

Home

Work

Mobile

2. Alternative contact person (optional)

Name

Phone

3. Are you an Australian citizen or permanent resident?

Yes No

4. Are you of Aboriginal or Torres Strait Islander origin? (optional)

- Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, both Aboriginal and Torres Strait Islander
 No

5. Are you from a Culturally and/or Linguistically Diverse (CALD) Background? (optional)

Yes No

6. Are you a Pensioner or Health Care Card Holder?

Yes, print card number and include **photocopy** of current card

No

7. Are you a veteran or war widow?

Yes, print pension number and include **photocopy** of current card

No

8. Have you claimed, or are you entitled to claim, travel and/or accommodation benefits relating to this treatment from:

Any other Australian, State or Territory government scheme?

Yes No

As part of a Workers Compensation claim?

Yes No

As part of a Third Party Insurance claim or any other Insurance claim?

Yes No

Any 'yes' answer means that you cannot claim under IPTAAS

9. Are you in a Private Health Fund?

Yes, attach a copy of payment(s) from your private health fund for travel or accommodation, if applicable. You must have claimed the maximum available benefits before you can apply for IPTAAS

No

10. Have you claimed under IPTAAS before?

Yes No

If 'yes', provide details of the IPTAAS office to which you have previously applied

11. If this is your first time accessing IPTAAS did you know about IPTAAS prior to travelling?

Yes No

B

Section B – Referring Medical Practitioner

Please PRINT using a black or blue pen. Please complete all questions.

Patient/claimant must not complete this section

To be completed and certified by the **referring practitioner or their authorised representative** (eg registrar, intern, NUM).

1. Referring practitioner's details

Title Mr Mrs Ms Dr

Family Name

First Name

Practice Address

Postcode

Phone

Provider number

2. Type of specialist referred to

Name of specialist referred to

3. This referral is for

Cancer Treatment

Renal Treatment

Oral Health surgical treatment

Other treatment, print

4. If the patient referral is for oral surgical treatment, are they a registered cleft lip/palate patient?

Yes No

5. Is the nominated specialist the nearest specialist to the patient's usual residence? (including visiting specialists)

Yes No

If no, provide a valid medical reason why the referral should be to this specialist

Please attach additional information if required.

6. Does the patient require an escort?

During Travel Yes No

During specialist treatment Yes No

If yes, give details of the valid medical reason/s why an escort is required to travel and remain with the patient during specialist treatment

Please attach additional information if required.

Patients under the age of 17 years are automatically entitled to one escort.

7. Does the medical condition of the patient warrant air travel?

Forward travel Yes No

Return travel Yes No

Print prior approval number

If the medical condition of the patient necessitates air travel, prior approval must be obtained for each journey by calling the Health Transport Unit before the patient travels.

8. Certification by referring medical practitioner or authorised representative

I certify that the information provided in this section is correct and has been completed by me

Name

Signature

Designation

Date



Section C – Treating Specialist

Please PRINT using a black or blue pen. Please complete all questions.

Patient/claimant must not complete this section

To be completed and certified by the **treating specialist or authorised representative** (eg registrar, intern, NUM).

1. Treating specialist's details

Title Mr Mrs Ms Dr

Family Name

First Name

Practice Address

Postcode

Phone

Provider number

2. Service provided or MBS item number

3. Dates of this treatment episode or consultation

From / / To / /

4. Was hospitalisation necessary?

Yes, complete details below

Name of hospital

Length of stay in hospital

Dates

From / / To / /

No

5. Is it medically necessary for the patient to remain near the location of the specialist outside these dates? (eg further tests)

Yes, print how many nights

No

6. Does the patient require an escort?

During Travel Yes No

During specialist treatment Yes No

If yes, give details of the valid medical reason/s why an escort is required to travel and remain with the patient during specialist treatment

Patients under the age of 17 years are automatically entitled to one escort.

7. Does the medical condition of the patient warrant air travel?

Forward travel Yes No

Return travel Yes No

Print prior approval number

If the medical condition of the patient necessitates air travel, prior approval must be obtained for each journey by calling the Health Transport Unit before the patient travels.

8. Certification by treating specialist or authorised representative

I certify that the information provided in this section is correct and has been completed by me

Name

Signature

Designation Date / /

D

Section D – Patient and Escort Claim and Payment Details

Please PRINT using a black or blue pen. Please complete all questions after your travel.

Original receipts/tax invoices and tickets for all travel and accommodation must be lodged with this claim. Fuel receipts are not required. The travel diary is available on the Transport for Health web page, or from your local IPTAAS office.

1. Mode of travel

	Forward		Return	
	Patient	Escort	Patient	Escort
Private car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus/Coach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urban Travel (taxi, rail, suburban bus, ferry)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approved Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unapproved Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free Voucher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Forward, print <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other Return print <input type="text"/>			<input type="checkbox"/>	<input type="checkbox"/>

2. What town/city did you travel to for your specialist appointment?

If you live on a rural property, what was the first town on your journey to the specialist's appointment?

What is the distance one way from your home to that first town?

3. If an escort accompanied you

Name of escort

Is the escort a pensioner and/or health care card holder?

Yes, provide details below No

Print card number and include photocopy of current card

A mandatory personal contribution of \$40 (not applicable for pensioners or Health Care Card holders) will be deducted from the total benefits payable for this claim. A separate contribution (where applicable) is payable where separate or additional costs are incurred by an escort. Contributions will be capped once subsidies reach \$1000

4. Did you and/or your escort stay overnight?

Yes, provide the details below No

	Patient	Escort
Number of nights	<input type="text"/>	<input type="text"/>
Amount paid	\$ <input type="text"/>	\$ <input type="text"/>

5. Payment

EFT/Cheque to be paid to

Name

EFT Payment details

Bank

BSB -

Account Number

Account Name

Payment confirmation to be sent to

Email

Address (if different to residential address)

Postcode

Where payment is to be made to an organisation

Organisation Name

Address

Postcode

Phone

Reimbursements will usually be made by Electronic Funds Transfer (EFT) or by cheque on request. Requests to change these details after the form is submitted must be made in writing by the original applicant. Required details are on your bank statement. If details are incorrect, you will be paid by cheque.

Declaration – This form must be signed and submitted by the patient and/or their guardian

I certify the information in this form is correct, the expenditure shown in Section D was actually incurred and benefits relating to that expenditure have not been received nor are claimable from another source.

I hereby consent to NSW Health obtaining further information from referring medical practitioners, treating specialists, other health care professionals and travel/accommodation providers where further information may be required to process this application.

Printed name of Patient/Guardian

Signature of Patient/Guardian

Date

Privacy: The information contained in this application is protected by law from unauthorised access and misuse. The information will only be accessed by health service staff directly involved in providing services to the applicant, or with other lawful excuse.

Contact details for IPTAAS Offices

Where to send your completed form

LOCAL HEALTH DISTRICT (LHD)	FAX	PHONE	POSTAL ADDRESS
Southern NSW LHD Murrumbidgee LHD	(02) 4824 1817	1800 800 511	Patient Transport Unit Bourke Street Health Service Campus PO Box 274, Goulburn NSW 2580
Western NSW LHD	(02) 6841 5558	1800 601 324	IPTAAS Coordinator Dubbo Campus Myall St Dubbo NSW 2830
Far West LHD	0880 801 695	0880 801 433	IPTAAS Coordinator Broken Hill Health Service PO Box 457 Broken Hill NSW 2880
Hunter New England	(02) 6766 4576	1800 660 361	IPTAAS Coordinator Locked Bag 9783 Tamworth NEMSC NSW 2348
Northern NSW LHD Mid-North Coast LHD	(02) 6622 1834	(02) 6620 2168	IPTAAS Coordinator Locked Bag 11 Lismore NSW 2480
Northern Sydney LHD Central Coast LHD	(02) 9477 9444	(02) 8438 9072	Patient Access and Transport Unit Hornsby Hospital Palmerston Road, Hornsby NSW 2077
Illawarra Shoalhaven LHD South Eastern Sydney LHD	(02) 4223 8451	(02) 4223 8146	IPTAAS Coordinator c/- Port Kembla Hospital P.O. Box 21 Warrawong NSW 2502
Sydney LHD South Western Sydney LHD	(02) 9515 3334	(02) 9515 3000	IPTAAS Coordinator Royal Prince Alfred Hospital Missenden Rd Camperdown NSW 2050
Western Sydney LHD Nepean Blue Mountains LHD	(02) 9881 1180	(02) 9881 1175	IPTAAS Office Mt Druitt Hospital P.O. Box 6105 Blacktown NSW 2148

Further information about IPTAAS can be found by visiting NSW Health website at www.health.nsw.gov.au/living/transport/iptaas.html or by contacting your nearest IPTAAS Office.

If you need help completing this form, please contact your nearest IPTAAS Office.