

**When to use this form**

This form should be used if:

- The patient is a concession card holder OR
- The patient is experiencing financial hardship.

This form should **not** be used if the patient has already travelled to the appointment or treatment.

Applications must be submitted at least:

- **4 working days** before the patient's appointment or treatment date if travelling by public transport or commercial air
- **10 working days** before the patient's appointment or treatment date if travelling by private vehicle.

What else does IPTAAS require?**Form 2 Additional Travel and Accommodation**

Claims along with any documentation to support the application is to be submitted after the appointment or treatment.

This includes:

- Invoices for travel and accommodation costs
- Evidence that you have attended your appointment or treatment.

Commonly used terms in this form**Referring health professional**

This is the person who refers the patient for an appointment or treatment. This is usually a GP or can be a dentist, midwife, optometrist, or a visiting medical officer.

Medical practitioner or health service

This is the person or service who treats the patient for their health condition. An example is a heart specialist who is also known as a cardiologist.

Authorised representative

This is a person who can confirm a patient's appointment or treatment and is employed by the same service as the patient's health professional, medical practitioner or health service. This can be medical staff, administrative staff, nursing staff and social workers.

Escort

This is a person who travels and/or stays with a patient and provides support during their appointment or treatment. This is usually a spouse, carer, friend or parent.

Financial hardship

This will be considered if travel to access appointments or treatment will cause significant financial burden. Patients are to contact IPTAAS on how to provide information on their individual circumstances.

Part A. Eligibility details

Patients receiving financial assistance for travel and accommodation from other services are not eligible for IPTAAS. If receiving other assistance, contact the IPTAAS team to confirm eligibility.

1. Has the patient received, or are they eligible for financial assistance for travel and accommodation from the following, not including IPTAAS (select which apply):

Another Australian federal, state or territory government travel scheme

Department of Veterans' Affairs (DVA)

Workers compensation

Motor vehicle insurance

2. Does the patient have a concession card?

Yes

No

The patient may not be eligible for advance travel assistance.

Part B. Patient details

3. Patient name Title Given name Middle name Surname

4. Patient date of birth (dd/mm/yyyy)

5. Patient gender Male Female Non-binary Prefer to self-describe Self-describe:

6. Patient Medicare card number Individual Reference Number
(number to the left of the name on the card)

7. Patient Concession card details

Expiry date

8. Patient residential address

State Postcode

9. Patient postal address

(if different to residential)

State

Postcode

10. Patient contact details Email

Area code Phone number Mobile number

What is the preferred contact method? Post Email Phone Mobile

11. Does the patient identify as Aboriginal and or Torres Strait Islander? No Yes

12. Preferred language (if not English)

Arabic	Cantonese	Filipino/Tagalog	Greek	Hindi
Italian	Mandarin	Punjabi	Spanish	Vietnamese

13. Patient authorised contact (optional) Full name Relationship to patient

Area code Phone number Mobile number

Part C. Health professional details

This section should be completed by the patient to share the details of the health professional who made the referral to the medical practitioner or health service. A health professional is usually a General Practitioner (GP) or can be a dentist, midwife, optometrist, or a visiting medical officer.

14. Referring health professional details Full name Area code Phone number

15. Who is the patient being referred to? Name of medical practitioner or health service referred to

Location

16. Is the practitioner or health service the nearest to the patient's residence?

Yes. No. ► If no, give details below.

What was the reason for not attending the nearest medical practitioner or health service?

Part D. Air travel approval code

If the patient is medically required to travel by commercial air, the practitioner or authorised representative is to call **1800 478 227** to obtain an air approval code prior to flying. If air approval is not received flights will not be booked by IPTAAS.

17. What is the air travel approval code?**Part E. Treatment details**

If you are unsure about the details asked in question 18, the patient's practitioners or health service or authorised representative will be able to help.

18. What type of treatment did the patient travel for? (Select the treatment and tick any applicable information.)**Specialist**

- The patient's treatment was part of a non-commercial clinical trial.
- The patient received a reimbursement for travel and accommodation for the clinical trial.
- The patient's travel was for health screening (example Mammogram).

Allied Health**Dental**

- The patient has a cleft palate.
- The patient had surgery under general anaesthesia.

Prosthetic/Orthotic

- The patient travelled to a public hospital or public clinic.

High Risk Foot Services**Oral Health Clinic**

- The patient used a voucher to attend a private provider.

19. Treatment details Name of specialist, allied health clinic, dentist, prosthodontist/orthotist, high risk foot service, oral health clinic or clinical trial Area code Phone number

Medicare provider number (only applicable for a specialist)

Treatment address

State

Postcode

20. Appointment details

Appointment date Start date End date (if different to start)

Appointment time Start time : am pm End time : am pm
(Example: If 930 am, type 09 30.
If 4pm, type in 04 00.)

Part F. Payment details

Please provide the bank details where the subsidy is to be paid.

21. Details of patient's nominated bank account

Account name BSB number Account number

Part G. Travel and accommodation details

Advance travel assistance is available for:

- private vehicle from the patient's residence to their practitioner or health service and return
- regional public transport travel
- commercial air travel

Advance travel assistance is not available for metropolitan travel.

You are responsible for organising any transfers between terminals etc. When providing preferred travel time, please allow enough time to travel to and from the transport terminal to your appointment. IPTAAS will attempt to book your preferred travel time. If it is not available, we will contact you to arrange an alternative travel time.

22. Will the patient be accompanied by an escort during travel?

No. Yes. ► Give details below.

Escort's full name

Escort's date of birth

Escort's concession card details

Expiry date

23. Travel details

Travel mode (select one)	Travel date	Preferred travel time
Private vehicle	Departure date	Departure time <input type="text"/> : <input type="text"/> am <input type="text"/> pm
Bus	Return date	Return time <input type="text"/> : <input type="text"/> am <input type="text"/> pm
Train		
Plane		

(Example: If 930 am, type 09 30.
If 4pm, type in 04 00.)

Does the patient require wheelchair or hoist assistance?
(This doesn't include if they have their own wheelchair.) Hoist Wheelchair

Does the patient travel with their own wheelchair? No Yes

Travel destination airport, station or coach stop

Not required for private vehicle travel

From

To

Part H. Declaration and 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. You can view our privacy statement on our website.

24. Patient declaration (to be completed by the patient, parent, guardian, escort, or authorised contract)

I declare that:

- The information I have provided in this form is complete and correct and the documents provided are genuine.
- If applicable, I am authorised to complete this application on behalf of the patient.

I understand that:

- NSW Health may make relevant enquiries to assess this application and make sure I receive the correct subsidy.
- I am required to submit an **Additional Travel and Accommodation Claims** form within 6 weeks of my return trip. If I do not submit an **Additional Travel and Accommodation Claims** form I will not be eligible for further advance travel assistance and I will be required to reimburse IPTAAS for relevant costs.
- I am required to advise IPTAAS as soon as possible for any changes to bookings. I will be responsible for booking and/or paying for missed travel unless changes are related to medical reasons and I have a certificate to support the changes.
- Giving false or misleading information is an offence.

By signing this document, I agree with the above declaration and privacy statement. Name of person completing this form:

Sign by typing in your name

Date (dd/mm/yyyy)

Submitting this form

Check that all required questions are answered and that the form is signed and dated. You can submit this form and supporting documentation to your local IPTAAS office by email, post, fax, or face to face in some locations. Please ensure forms submitted by post are addressed to IPTAAS.

Hunter New England – Tamworth

Call: 1800 478 227 option 1 – Office operating hours Monday-Friday 9am-4.30pm
Post: Locked Bag 9783, Tamworth NEMSC NSW 2348
Email: **HNELHD-IPTAAS@health.nsw.gov.au**
Fax: (02) 4924 5767
Location: Tamworth Hospital

Northern NSW, Mid North Coast – Port Macquarie

Call: 1800 478 227 option 2 – Office operating hours Monday-Friday 9am-4.30pm
Post: PO Box 126, Port Macquarie NSW 2444
Email: **MNCLHD-TFH-IPTAAS@health.nsw.gov.au**
Fax: (02) 5524 2996
Location: Port Macquarie Community Health, Morton Street, Port Macquarie

Far West – Broken Hill

Call: 1800 478 227 option 3 – Office operating hours Monday-Friday 9am-4.00pm
Post: PO Box 457, Broken Hill NSW 2880
Email: **FWLHD-IPTAAS@health.nsw.gov.au**
Fax: (08) 8080 1695
Location: Broken Hill Hospital

For all other areas, please send your completed application by post or email.

Call: 1800 478 227 option 4 – Office operating hours, Monday-Friday 9am-5pm
Post: Locked Bag 3005, Sydney Markets NSW 2129
Email: **IPTAAS@health.nsw.gov.au**
Location: Over the counter assistance is also available in Dubbo at the Dubbo Base Hospital