

When to use this form

You require a separate application for each different practitioner or health service you travel to.

You should use this form if:

- you are a concession card holder applying for travel assistance **before** your trip

Do not use this form if you have already travelled to your appointment.

Applications must be submitted at least:

- 4 working days before your appointment date if travelling by public transport or commercial air
- 10 working days before your appointment if travelling by private vehicle

What else you may need to provide

If you receive advance travel assistance you will need to provide additional documentation. You will need to provide **Form 2. Travel and accommodation supplement** after you travel.

We may require documentation to support your application. You may need to provide:

- invoices for travel and accommodation costs
- evidence that you have attended your appointment

Filling in this form

- please use black or blue pen
- print in BLOCK LETTERS
- mark boxes like this with a ✓ or X
- where you see a box like this **Go to question...** skip to the question number shown. You do not need to answer the questions in between.

For more information

Go to our website www.iptaas.health.nsw.gov.au or call us on **1800 IPTAAS (1800 478 227)**.

Part A. Eligibility details

Please read before answering question 1.

Patients receiving financial assistance for travel and accommodation from other services are not eligible for IPTAAS. If you are receiving assistance from another government or third party service do not complete this form.

1. Have you received, or are you eligible for financial assistance for travel and accommodation from

An Australian federal, state or territory government travel scheme, other than IPTAAS?

No Yes

Department of veterans' affairs?

No Yes

Workers compensation?

No Yes

Motor vehicle insurance?

No Yes

2. Do you have a concession card? No



You are not eligible for advance travel assistance

Yes

Part B. Patient details

3. Patient ID (if known)

4. Your name

Title	Given name	Middle name	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Your date of birth

6. Your gender

Male Female Other

7. Your Medicare card number

<input type="text"/>	Line no. <input type="text"/>									
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8. Do you have a concession card issued by Centrelink or DVA?

No **Go to question 9**

Yes Give details Concession card number Concession card expiry date

9. Your residential address

<input type="text"/>	
State	Postcode

10. Your postal address

(if different to residential)

<input type="text"/>	
State	Postcode

11. Your contact details

Email	Phone number	Mobile number
<input type="text"/>	()	<input type="text"/>

What is your preferred contact method? Post Email Phone Mobile

12. Are you of Aboriginal or Torres Strait Islander Australian descent?

No Yes

13. Your authorised contact

(optional)

Name	Relationship to you
<input type="text"/>	<input type="text"/>

Phone number	Mobile number
()	<input type="text"/>

Part C. Referral details

Please read before completing Part C. Referral details.

Part C: Referral details is only required if this is the first time you have applied for assistance from IPTAAS to travel to this practitioner or health service, or you have not submitted a referral to this practitioner or health service in the last two years.

If required, **Part C: Referral details** is to be completed by your referring practitioner or their authorised representative.

14. Referring practitioner details Full name Phone number ()

15. Treatment details Name of practitioner or health service you referred the patient to
Treatment location Type of treatment referred for

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

Yes **Go to question 17**

No Give details below

Why was the patient not referred to the nearest practitioner or health service?

17. Referring practitioner declaration (to be completed by the referring practitioner or their authorised representative)

Name Position

I declare that:

- the information provided in Part C of this form is complete and correct

Signature

I understand that:

- giving false or misleading information is an offence

Date

Part D. Air travel details

Please read before answering question 18.

If you need to travel by commercial air, you should get an air approval. Your practitioner or their authorised representative must contact IPTAAS to get an air approval. You will only get an air approval if you meet the air approval criteria.

18. What is your air approval code?

Part E. Treatment details

19. What type of treatment will you travel for? (Select **one** and answer applicable questions)

Specialist

Was your treatment part of a clinical trial?

No Yes

Was your travel for health screening?

No Yes

Allied Health

Dental

Do you have a cleft palate?

No Yes

Did you have surgery under general anesthesia?

No Yes

Prosthetic/Orthotic

Did you travel to a public hospital or public clinic?

No Yes

20. Treatment details Name of specialist, allied health clinic, dentist or prosthetist/orthotist Phone number ()

Medicare provider number (not applicable to allied health or prosthetic/orthotic treatment)

OPTIONAL: AHPRA registration number (if known) (not applicable to allied health or prosthetic/orthotic treatment)

Treatment address

State

Postcode

21. Appointment details

Appointment date Start date

End date (if different to start)

Appointment time Start time : am pm

End time : am pm

Part F. Payment details

22. Your bank account details

Account name	BSB number	Account number
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

Part G. Travel details

Please read before completing Part G. Travel details.

Advance travel assistance is available for

- private vehicle from your residence to the 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 book travel within half an hour of your preferred travel time.

23. Will you be accompanied by an escort during travel or accommodation?

No **Go to question 25**
 Yes Give details Your escort's full name

24. Does your escort have a concession card issued by Centrelink or DVA?

No **Go to question 25**
 Yes Give details Your escort's concession card number Your escort's concession card expiry date

25. Your travel details

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

Travel destination airport, station or coach stop

Not required for private vehicle travel

From To

Part H. Patient 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.

26. Patient declaration (to be completed by you or your parent, guardian, escort or authorised contact)

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 **Form 2. Travel and**

accommodation supplement form within 6 weeks of my return trip. If I do not submit **Form 2. Travel and accommodation supplement** 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

Your name

Your signature Date

Submitting your 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 or fax.

Hunter New England – Tamworth

Email: HNELHD-IPTAAS@health.nsw.gov.au

Fax: (02) 6766 4576

Northern NSW, Mid North Coast – Port Macquarie

Email: MNCLHD-TFH-IPTAAS@health.nsw.gov.au

Fax: (02) 5524 2996

Far West – Broken Hill

Email: FWLHD-IPTAAS@health.nsw.gov.au

Fax: (08) 8080 1695

All other

Email: IPTAAS@health.nsw.gov.au

Fax: (02) 8797 6543

You may be able to provide your form in person at one of our offices. Contact IPTAAS for more information about over the counter services.