

Part C. Air 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 this is not obtained, claims will be paid at the private car rate.

13. What is the air approval code?

Part D. Treatment details

14. Treatment details

Name of specialist

Phone number

Medicare provider number

Treatment address

State

Postcode

15. Was the patient hospitalised?

☐ Yes Give details

Admission date

Discharge date

D D/M M/Y Y Y Y

D D/M M/Y Y Y Y

☐ No If no, what was the appointment date?

Start date

End date (if different to start)

D D/M M/Y Y Y Y

D D/M M/Y Y Y Y

Part E. Travel and accommodation details

16. Did someone travel or stay with the patient? (this may also be referred to as an escort. This can include a spouse, carer, partner, or parent)

☐ No

☐ Yes → Give details

The escort's full name

Travel mode:

Private vehicle -PV
Public transport -PT
Commercial air -AIR

Community transport -CT
Emergency transport -ET
Taxi -TX

People travelling:

Patient only -P
Escort only -E
Patient and escort -PE

Trip type:

One way -O
Return -R

Accommodation Type

Private accommodation -Priv
Paid accommodation -Paid

Travel dates

Travel dates	Travel mode	People travelling	Trip type	Address	Appointment date	Hospitalisation dates (if applicable)	Accommodation dates (if applicable)	Acc Type
Start / / End / /				From To	Start date / / End date / /	Admission / / Discharge / /	Check in / / Check out / /	
Start / / End / /				From To	Start date / / End date / /	Admission / / Discharge / /	Check in / / Check out / /	
Start / / End / /				From To	Start date / / End date / /	Admission / / Discharge / /	Check in / / Check out / /	
Start / / End / /				From To	Start date / / End date / /	Admission / / Discharge / /	Check in / / Check out / /	

Provide any receipts for air, train, or taxi travel (including ride sharing such as uber.) Petrol receipts do not need to be provided. Receipts are not needed for stays in a private home.

Do you have more trips to claim? Use **From 2 Additional Travel and Accommodation Claims** to submit additional trips. This can be found on the IPTAAS website.

17. Did the patient need to stay before or after the appointment or hospitalisation dates?

☐ No

☐ Yes give details

nights before and/or

nights after

The medical practitioner or health service must sign the declaration below if the patient stayed more than two nights before or after their appointment or hospitalisation dates listed on question 16.

Otherwise, this is optional and you may be audited for evidence confirming information at a later date.

18. Medical practitioner or health service declaration

I confirm: The information in part E is correct including appointment, hospitalisation and accommodation dates.

Full name of authorising person

Position

I understand that: Giving false or misleading information is an offence

Signature

Date

D D/M M/Y Y Y Y

