

There are two ways to apply to IPTAAS

Apply online at iptaas.enable.health.nsw.gov.au. **OR** Complete this form

When using this form

Patients may be eligible for an accommodation facility to invoice IPTAAS directly for accommodation costs.

This form should be used if:

- the patient and/or escort is staying in the accommodation facility for three or more consecutive nights
- the patient is applying to bulk bill accommodation costs

When using this form

There are instructional boxes under each section to help when filling in this form. There are also sections of the form that will need to be completed by other people:

- **Part C:** The patient's referring health professional will need to complete this section. Each time the patients sees a different medical practitioner or health service, this form along with part C needs to be completed again.

If the patient is medically required to fly to their appointment or treatment the referring health professional, medical practitioner, health service or authorised representative must call and obtain an air approval code before they fly.

When the patient leaves the accommodation facility, they need to provide a **Form 2 Additional Travel and Accommodation Claims**. That form should be submitted to IPTAAS along with:

- invoices for travel and non-bulk billed accommodation
- Invoice for bulk billed accommodation

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.

Part A. Eligibility details

Patients receiving financial assistance for travel and accommodation from other services are not eligible for IPTAAS.

1. **Has the patient received, or are they eligible for, financial assistance for travel and accommodation from (these should not include IPTAAS):**

Another Australian federal, state or territory government travel scheme? ☐ No ☐ Yes

Department of veterans' affairs (DVA)? ☐ No ☐ Yes

Workers compensation? ☐ No ☐ Yes

Motor vehicle insurance? ☐ No ☐ Yes

2. **Is the patient or escort staying in the accommodation facility three or more nights?**

☐ Yes ☐ No  **The patient is not eligible to bulk bill accommodation**

Part B. Patient details

- | | | | | |
|--|---|----------------------------------|----------------------|----------------------|
| 3. Patient name | Title | Given name | Middle name | Surname |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. Patient date of birth | <input type="text" value="D D/M M/Y Y Y Y"/> | | | |
| 5. Patient gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say | | | |
| 6. Patient Medicare card 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"/> |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. Patient residential address | <input type="text"/> | | | |
| | <input type="text"/> | | | <input type="text"/> |
| | <input type="text"/> | | | <input type="text"/> |
| 8. Patient postal address
(if different to residential) | <input type="text"/> | | | |
| | <input type="text"/> | | | <input type="text"/> |
| | <input type="text"/> | | | <input type="text"/> |
| 9. Patient contact details | Email | Phone number | Mobile number | |
| | <input type="text"/> | <input type="text" value="()"/> | <input type="text"/> | |
| | What is the preferred contact method? <input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Mobile | | | |
| 10. Does the patient identify as Aboriginal and or Torres Strait Islander? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 11. Patient authorised contact
(optional) | Name | Relationship to patient | | |
| | <input type="text"/> | <input type="text"/> | | |
| | Phone number | Mobile number | | |
| | <input type="text" value="()"/> | <input type="text"/> | | |

Part C. Referral details

This section should be completed by the patient's referring health professional or their authorised representative. A health professional is usually a general practitioner (GP) or can be a dentist, midwife, optometrist, or a visiting medical officer.

The patient's health professional should only complete this section if:

-This is the first application to IPTAAS for this practitioner or health service **OR**

-If the last time it was completed for this practitioner or health service was more than 2 years ago.

A separate form, including the referral details in this section, must be submitted for each separate practitioner or health service that the patient sees.

12. Referring health professional's details	Full name <input type="text"/>	Phone number <input type="text" value="()"/>
13. Who is the patient being referred to?	Name of practitioner or health service referred to <input type="text"/>	
	Location <input type="text"/>	Type of treatment referred for <input type="text"/>
14. Is the practitioner or health service the nearest to the patient's residence?		
<input type="checkbox"/> Yes → Go to question 15		
<input type="checkbox"/> No Give details below		
Why was the patient not referred to the nearest practitioner or health service? <input type="text"/>		
15. Referring health professional's declaration (to be completed by the referring health professional or their authorised representative)		
Name <input type="text"/>		Position <input type="text"/>
I declare that:		I understand that:
• the information provided in Part C of this form is complete and correct		• giving false or misleading information is an offence
Signature <input type="text"/>	Date <input type="text" value="D D/M M/Y Y Y Y"/>	

Part D. Treatment details

If you are unsure about the details asked in question 16, the patient's practitioners, health service or authorised representative will be able to help.

16. What type of treatment will the patient travel for? (Select one and answer applicable questions)		
<input type="checkbox"/> Specialist		
Is the patient's treatment part of a non-commercial clinical trial?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Did the patient receive a reimbursement for travel and accommodation for the clinical trial?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the patient's travel for health screening?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Allied Health		
<input type="checkbox"/> Dental		
Does the patient have a cleft palate?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is the patient having surgery under general anaesthesia?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> Prosthetic/Orthotic		
Are you travelling to a public hospital or public clinic?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> High Risk Foot Services		
<input type="checkbox"/> Oral Health Clinic		
17. Treatment details	Name of specialist, allied health clinic, dentist, prosthetist/orthotist, high risk foot service, oral health clinic or clinical trial <input type="text"/>	
	Phone number <input type="text" value="()"/>	
	Medicare provider number (only applicable for a specialist) <input type="text"/>	
	Treatment address <input type="text"/>	
	State	Postcode
18. Appointment details	Appointment date	
	Start date <input type="text" value="D D/M M/Y Y Y Y"/>	End date (if different to start) <input type="text" value="D D/M M/Y Y Y Y"/>

Part E. Accommodation details

19. Name of accommodation facility Accommodation start date
20. Was the patient accompanied by an escort during travel or accommodation?
- ☐ No → **Go to Part F** ☐ Yes → Give details Escort's full name

Part F. Payment details

21. Details of patient's nominated bank account (this is so their travel subsidy can be reimbursed)

Account name BSB number Account number

Part G. Accommodation facility declaration

22. Accommodation facility declaration (to be completed by the accommodation facility staff)

I declare that:

- Our accommodation facility is registered with IPTAAS as a third party organisation
- The patient and/or their escort have requested to bulk bill their accommodation costs, and they have authorised us to submit this application on their behalf
- We have explained the requirements of bulk billing to the patient and/or their escort and will ensure they provide an Additional Travel and Accommodation Claims form when leaving the facility
- We will keep patient information secure and not provide

any patient information to parties who are not directly involved in bulk billing accommodation.

I understand that:

- NSW Health may make relevant enquiries to assess this application and make sure we receive the correct subsidy
- We should get an approval before the patient leaves the facility. If we fail to do so the accommodation cost may not be payable by IPTAAS
- IPTAAS is not a full reimbursement scheme and costs outside the applicable accommodation subsidy are the patient's responsibility.

Name

Signature

Date

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.

23. Patient declaration (to be completed by the patient, 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 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

Name of person completing this form

Signature

Date

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

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

Fax: (02) 6766 4576

Location: Tamworth Hospital

Northern NSW, Mid North Coast – Port Macquarie

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

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

Fax: (08) 8080 1695

Location: Broken Hill Hospital

All other

Email: IPTAAS@health.nsw.gov.au

Fax: (02) 8797 6543

Location: Over the counter assistance is also available in Dubbo at the Dubbo Base Hospital