

Form 4. Application For Advance Travel

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?

From 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

No

No

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.

Yes

Yes

Part A. Eligibility details

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)?

Workers compensation?

	Motor vehicle insurance?				🗌 No 🗌 Yes
2.	Does the patient have a concession card?	🗌 Yes	🗌 No	STOP	The patient may not be eligible for advance travel assistance
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Part B. Patient details

3.	Patient name	Title	Given name		Middle nan	ne	Surname	е	
	Patient date of birth Patient gender	DD/	M M/Y Y Y Y] le[Prefer nc	ot to say			
6.	Patient Medicare card nur	nber				Line no.			
7.	Patient Concession card o	details	-				F		
		Concessi	on card number			Ex	piry date	DD/MM/	ΥΥΥΥ
8.	Patient residential address								
							State	Postcoc	le
9.	Patient postal address								
	(if different to residential)						State	Postcoc	le
10	. Patient contact details	Email				Phone number		Mobile numb	er
						()			
		What is t	he patient's prefe	erred contac	t method?	Post	Email	Phone	🗌 Mobile
11	11. Does the patient identify as Aboriginal and/or Torres Strait Islander?								
12	. Patient authorised contact	Name				Relation	ship to pa	tient	
	(optional)								
		Phone nu	Imber	Mobile nu	mber				
		()							

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.								
13. Referring health	Full name		Phone number					
professional's details								
14. Who is the patient being	Name of practitioner or health service	referred to						
referred to?								
	Location	Type of treatmer	nt referred for					
Yes Go to question 10 No Give details below Why was the patient not referred								
Name	leclaration (to be completed by the referr	Position	or their authorised representative)					
I declare that: • the information provided in Par Signature Part D. Air travel details	the information provided in Part C of this form is complete and correct egiving false or misleading information is an offence Date D D/M M/Y Y Y							
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 approval code?								
17. What is the air approval code? Part E. Treatment details	,							
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Part	F .	Payment	detai	ls
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Please provide the bank details w		aid.					
21. Details of nominated bank ac Account name	count	BSB number	Account number				
Part G. Travel and accomm							
 Advance travel assistance is avail private vehicle from the patie practitioner or health service regional public transport trav commercial air travel 	ent's residence to their and return	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 accompan	ied by an escort during t	ravel?					
🗌 No 🗌 Yes 🛛 Give details	The escort's full name						
	Escort's date of birth	D D/M M/Y Y Y Y					
	Escort's concession card	I details	Expiry date				
			D D/M M/Y Y Y				
23. Travel details							
Travel mode (select one) Private vehicle	Travel date	Preferred travel tin	me				
		M M/Y Y Y Departure time	: am pm				
Train	Return date D D/	M M/Y Y Y Y Return time	: am pm				
Plane		e wheelchair or hoist assistance? hey have their own wheelchair)	🗌 Hoist 🗌 Wheelchair				
		with their own wheelchair?	🗆 No 🗌 Yes				
Travel destination airport, sta	·						
Not required for private vehic	le travel						
From		То					
Part H. Declaration and priv	vacy						
	aff directly involved in pro	by law from unauthorised access and mis oviding services to the applicant, or with					
	npleted by the patient, pa	arent, guardian, escort or authorised co					
I declare that:	delete the former is served		mit an Additional Travel and form I will not be eligible for				
 The information I have prov and correct and the docum 			sistance and I will be required				
• If applicable, I am authorise	ed to complete this	to reimburse IPTAAS for r					
application on behalf of the I understand that:	e patient	 I am required to advise IPT for any changes to bookin 	IAAS as soon as possible gs. I will be responsible for				
 NSW Health may make rele 	evant enquiries to assess	this booking and/or paying for	missed travel unless changes				
application and make sure			sons and I have a certificate to				
 I am required to submit an Accommodation Claims for 		Giving false or micloading	g information is an offence				
Name of person completing this f	orm						
Signature		Date D D/M M/Y Y Y Y					
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 – Tamwor	the many many set						
Email: HNELHD-IPTAAS@heal Fax: (02) 6766 4576	ltn.nsw.gov.au	Email: FWLHD-IPTAAS@heal Fax: (08) 8080 1695	tn.nsw.gov.au				
Location: Tamworth Hospital		Location: Broken Hill Hospital					
Northern NSW, Mid North Coas	st – Port Macquarie	All other					
Email: MNCLHD-TFH-IPTAAS@	@health.nsw.gov.au	Email: IPTAAS@health.nsw.go	ov.au				
Fax: (02) 5524 2996 Location: Port Macquarie Commu	inity Health Morton Street	Fax: (02) 8797 6543	topoo io alao available in Dubbe				
Port Macquarie		Location: Over the counter assis at the Dubbo Base Hospital	stance is also available in DUDDO				