



## 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.

<b>13. Referring health professional's details</b>	Full name	Phone number
	<input type="text"/>	<input type="text"/>
<b>14. Who is the patient being referred to?</b>	Name of practitioner or health service referred to	
	<input type="text"/>	
	Location	Type of treatment referred for
	<input type="text"/>	<input type="text"/>
<b>15. Is the practitioner or health service the nearest to the patient's residence?</b>		
<input type="checkbox"/> Yes <b>Go to question 16</b>		
<input type="checkbox"/> No Give details below		
Why was the patient not referred to the nearest practitioner or health service?		
<input type="text"/>		

## 16. Referring health professional's declaration (to be completed by the referring health professional or their authorised representative)

Name	Position
<input type="text"/>	<input type="text"/>
<b>I declare that:</b>	
• the information provided in Part C of this form is complete and correct	
<b>I understand that:</b>	
• giving false or misleading information is an offence	
Signature	Date
<input type="text"/>	<input type="text" value="D D/M M/YYYY"/>

## Part D. Air travel details

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?**

## Part E. Treatment details

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

## 18. What type of treatment will the patient travel for? (Select **one** and answer applicable questions)

<input type="checkbox"/> <b>Specialist</b>	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"/> <b>Allied Health</b>			
<input type="checkbox"/> <b>Dental</b>	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"/> <b>Prosthetic/Orthotic</b>	Are you travelling to a public hospital or public clinic?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
<input type="checkbox"/> <b>High Risk Foot Services</b>			
<input type="checkbox"/> <b>Oral Health Clinic</b>			

<b>19. Treatment details</b>	Name of specialist, allied health clinic, dentist, prosthetist/orthotist, high risk foot service, oral health clinic or clinical trial	Phone number
	<input type="text"/>	<input type="text"/>
	Medicare provider number (only applicable for a specialist)	
	<input type="text"/>	
	Treatment address	
	<input type="text"/>	
	State	Postcode
	<input type="text"/>	<input type="text"/>

## 20. Appointment details

Appointment date	Start date	<input type="text" value="D D/M M/YYYY"/>	End date (if different to start)	<input type="text" value="D D/M M/YYYY"/>
Appointment time	Start time	<input type="text"/> : <input type="text"/>	End time	<input type="text"/> : <input type="text"/>
		<input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> am <input type="checkbox"/> pm

## Part F. Payment details

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

### 21. Details of 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

The escort's full name

Escort's date of birth

Escort's concession card details

Expiry date

### 23. Travel details

**Travel mode** (select one)

- ☐ Private vehicle
- ☐ Bus
- ☐ Train
- ☐ Plane

**Travel date**

Departure date

Return date

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

Does the patient travel with their own wheelchair?

**Preferred travel time**

Departure time

☐ am

☐ pm

Return time

☐ am

☐ pm

☐ Hoist

☐ 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 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