

# Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)

## Form 5. IPTAAS Referral Details

#### When to use this form

Patients will require referral details to support applications. This form should be used if:

- This is the first time the patient has applied for assistance from IPTAAS to travel to this medical practitioner or health service and you are lodging an application online.
- The patient has not submitted an IPTAAS referral to this medical practitioner or health service in the last two years.

#### Air travel

Signature

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. This will ensure they are paid at the correct rate.

If you need help, call our team on **1800 478 227** or send an email to **iptaas@health.nsw.gov.au** 

## 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 the person who travels with the patient to their appointment or treatment. This is usually a spouse, carer, friend, or parent.

Pa	art A. Patient details							
1.	Patient name	Title Given name		Middle n	Middle name		Surname	
2.	Patient date of birth	D D/	M M/Y Y Y Y					
Pa	art B. 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 <b>OR</b> -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.								
3.	Referring health professional's details	Full	name				Phone number	
4.	Who is the patient being referred to?							
		Loca	ation		Type of treatme	nt referred	d for	
5.	s the practitioner or health service the nearest to the patient's residence?							
	☐ Yes Go to question 6							
	☐ No Give details below  Why was the patient not referred to the nearest practitioner or health service?							
	with was the patient not referred to the hearest practitioner of health service?							
6.	Health professional's declaration (to be completed by the health professional or their authorised representative)  Name  Position							
	I declare that:  • the information provided I understand that:  • giving false or misleading the standard that:		B is complete and correct					