

# APPLICATION FOR ASSISTANCE

## PATIENT TRAVEL ASSISTANCE SCHEME (PTAS)

Personal information collected from you in applying to the Patient Travel Assistance Scheme will only be used for the purpose of managing, assessing, advising upon and determining your application. Failure to provide the information may result in your application not being considered. Personal information will be managed to comply with the requirements of the Personal Information Protection Act 2004, and may be accessed upon request to the relevant Patient Travel Assistance Scheme Coordinator in your area.

### SECTION A - REFERRING SPECIALIST TO COMPLETE (PLEASE PRINT)

1 **Patient's Name** \_\_\_\_\_ Date of Birth

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Telephone No. \_\_\_\_\_

2 **Referring Specialist's Name** \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

3 **Nominated Specialist's Name** \_\_\_\_\_ Specialty \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

4 **Specify the reason for consultation/procedure/review to be undertaken** \_\_\_\_\_

5 **Can this procedure be undertaken in Tasmania?**  Yes  No

6 **Is the nominated specialist the nearest specialist?**  Yes  No, please provide valid medical reason(s) below

7 **Does the patient require active assistance by an escort?**  Yes, please provide valid medical reason(s) below  No

Reason for Escort \_\_\_\_\_ Escort's Name \_\_\_\_\_

8 **Are special travel arrangements necessary for medical reasons?**  Yes  No

Oxygen  Wheelchair Other, please specify \_\_\_\_\_

**Signature of Referring Specialist** \_\_\_\_\_ Date

#### OFFICE USE ONLY

**PTAS:**  APPROVED  NOT APPROVED **ESCORT:**  APPROVED  NOT APPROVED

**Reason/Comment** \_\_\_\_\_

**Signature of Medical Authoriser** \_\_\_\_\_ Date

## SECTION B - PATIENT TO COMPLETE (PLEASE PRINT)

**1 Patient's Pension/Family Health Care Card number**

(please provide a photocopy of current card, not Medicare card)

**2 Preferred Contact Method**

(please select at least one)

Home Phone     Work Phone     Mobile \_\_\_\_\_

Email \_\_\_\_\_

**3 Appointment Date**

D	D	M	M	Y	Y	Y	Y
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**4 Appointment Time**

\_\_\_\_\_

**If a refund is expected, please complete bank details below and note that Electronic Fund Transfer (EFT) is the ONLY method of reimbursement.**

Account held in the name(s) of \_\_\_\_\_

Account holder's address \_\_\_\_\_

Name of bank, building society or credit union \_\_\_\_\_

BSB \_\_\_\_\_ Account number \_\_\_\_\_

*I authorise the PTAS Medical Authoriser to obtain any relevant medical information necessary to decide my eligibility for PTAS benefits. I give permission for my Doctor(s) to exchange relevant information with the PTAS Medical Authoriser.*

*I certify that the above information is correct, the expenditure shown was actually incurred and the financial assistance relating to that expenditure has not been received or claimed from a registered Medical Benefits organisation or in respect of any claim for Third Party Compensation, e.g. MAIB, DVA or Workers Compensation.*

*I understand that my claim must be approved by the Medical Authoriser.*

**Signature of Patient  
(Parent/Guardian)**

\_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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Please detach and send to your local PTAS Coordinator within 4 months

### OFFICE USE ONLY

**1 Travel Details**

*(Receipts/Tickets required except using private car)*

Private Car \$ \_\_\_\_\_ Bus \$ \_\_\_\_\_

Plane \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**2 Accommodation Details**

*(Receipts required including names of persons accommodated and costs)*

	No. of Nights	Rate Per Night	Amount Paid
Patient	_____	\$ _____	\$ _____
Escort	_____	\$ _____	\$ _____

Cost Code \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

Deduction \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Signature of PTAS Coordinator**

\_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y
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# PATIENT TRAVEL ASSISTANCE SCHEME (PTAS)

**Note to Patient: Please ensure the specialist completes this section during your visit for treatment**

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## SECTION C - NOMINATED SPECIALIST TO COMPLETE (PLEASE PRINT)

1 **Specialist's Name** \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

2 **Consultation/Procedure undertaken** \_\_\_\_\_

3 **Length of stay for medical reasons** Date from D D M M Y Y Y Y to D D M M Y Y Y Y

4 **Length of inpatient stay** Date from D D M M Y Y Y Y to D D M M Y Y Y Y

**Signature of Specialist** \_\_\_\_\_ Date

If travelling INTERSTATE, a separate application form must be lodged for each return journey of the patient.

If travelling within Tasmania, this form can be used for multiple visits to the ONE specialist or treatment centre.

Total Length of Stay		Procedure (e.g. Consult, Pre-admission, Surgery, Post-op)	Specialist's Signature
From	To		

Note: The patient must return this form to the PTAS Coordinator within four (4) months from the date of first visit.

### PATIENT DETAILS

Name \_\_\_\_\_ Date of birth D D M M Y Y Y Y

**IMPORTANT: Please attach all original tickets/receipts.**

# EXPLANATORY NOTES

**Important: please send this form to your local PTAS Coordinator within 4 months**

## 1. ELIGIBILITY

To be eligible for financial assistance a patient must be a Tasmanian resident who is required to travel more than 75 kilometres one-way to access the nearest appropriate specialist medical service or lymphodema treatment, or 50 kilometres one-way to access a dialysis or oncology treatment centre. Assistance will only be provided for interstate referrals when the treatment is not available in Tasmania.

## 2. SPECIALIST MEDICAL SERVICE (refer to the policy for further detail)

For the purposes of assistance, an eligible service is defined as one funded by the Tasmanian public hospital system and covered by an item in the Commonwealth Medicare Benefits Schedule and emergency oral surgery.

## 3. ESCORTS

A patient under the age of 18 years is automatically entitled to one (1) escort. For a person 18 years of age or over, an escort may be approved if the referring specialist certifies that an escort is necessary to provide active assistance while travelling and/or the escort is required for specific medical reasons relating to the treatment of the patient at the treatment facility.

## 4. ENTITLEMENTS

- a) Travel within Tasmania - Costs for patient (and escort) are based on economy bus travel, or private car from the patient's residence to the place of treatment and return (reimbursable at 21\* cents/km for the patient only). Patients can either make their own travel and accommodation bookings and claim on their return home from the specialist service or organise with their local PTAS Coordinator to pre-book their travel and/or accommodation.
- b) Interstate travel - Costs for patient (and escort) are based on 'best fare' air ticket or ferry fare, and the most economical and clinically appropriate mode of travel from the airport/ferry terminal to and from the specialist medical service. The PTAS Coordinator will assist patients by making air/ferry ticket and/or accommodation bookings.

- c) Non-Hospital Accommodation - There is some subsidised accommodation in facilities allied to hospitals. Patients (and escorts) are advised to check, prior to travel, the criteria that apply (refer to the accommodation information booklet for further details). Where these criteria are met, people will be ineligible to claim the commercial accommodation allowance. The commercial accommodation allowance is a maximum of \$66\* (intrastate) or \$87\* (interstate) per person per night for the patient and each approved escort. The Scheme does not subsidise accommodation in private homes.

**Patients who do not hold a Health Care or Pensioner Concession Card are required to pay the first two nights' accommodation costs.**

## 5. PATIENT CONTRIBUTION

- a) Patients holding a Health Care or Pensioner Concession Card are required to contribute \$16.50\* towards the cost of the return journey. Should a patient's contributions exceed \$132\* in a financial year, further contributions for that year will be waived.
- b) Patients who are non-cardholders are required to contribute \$82.50\* towards the cost of the return journey. Should a patient's contributions exceed \$330\* in a financial year, further contributions for that year will be waived.

## 6. REFERRING MEDICAL PRACTITIONER

The referral to a specialist medical service must be made by either a medical specialist or oral/maxillofacial surgeon who is recognised in the appropriate specialty for the purpose of the *Health Insurance Act 1973*.

## 7. COMPLAINTS

Complaints or concerns may be raised in the first instance with the local PTAS Coordinator. Alternatively, complaints may be directed to the Chair of the PTAS Advisory by emailing [ptas@dhhs.tas.gov.au](mailto:ptas@dhhs.tas.gov.au).

\* Previous rates apply for travel prior to 1 July 2014. Please contact your PTAS Coordinator for further information.

	<b>Royal Hobart Hospital</b>	<b>Launceston General Hospital</b>	<b>North West Regional Hospital</b>
Address:	C/- Level 5/25 Argyle Street HOBART 7000	Charles Street LAUNCESTON 7250	C/ - Parkside Admin, Strahan Street BURNIE 7320
Postal Address:	PO Box 1061, Hobart 7001	PO Box 1963	PO Box 258
<b>PTAS Phone:</b>	<b>(03) 6166 8225</b>	<b>(03) 6777 6249</b>	<b>(03) 6477 7734</b>
PTAS Fax:	(03) 6222 8949	(03) 6348 7964	(03) 6434 6998
Switchboard Phone:	(03) 6166 8308	(03) 6777 6777	(03) 6493 6000
<b>Other PTAS Coordinators:</b>			
Devonport Community and Health Services Centre, 23 Steele Street, DEVONPORT 7310			Phone: (03) 6478 6177
West Coast District Hospital, 60 - 64 Orr Street, QUEENSTOWN 7467			Phone: (03) 6495 1550
Rosebery Community Health Centre, Murchison Highway, ROSEBERY 7470			Phone: (03) 6495 1570
Smithton District Hospital, 74 Brittons Road, SMITHTON 7330			Phone: (03) 6478 9515
King Island Hospital and Health Centre, 31 Edward Street, CURRIE, KING ISLAND 7256			Phone: (03) 6462 9900