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Travel and accommodation reimbursement claim form

Victorian Patient Transport Assistance Scheme (VPTAS)



Please note:

- The standard **processing time** for an eligible claim is **six to eight weeks**
- Claim forms must be **lodged within 12 months** of attending an approved medical specialist service
- Do not add trips to this form after the approved medical specialist or authorised officer has signed and dated this form in Section C
- Submit separate VPTAS claim forms for each specialist.

About the scheme

The Victorian Patient Transport Assistance Scheme (VPTAS) helps eligible Victorians and an approved escort(s) who have to travel a long way for specialist medical treatment by subsidising their travel and accommodation costs.

VPTAS guidelines

Details about the subsidy levels and eligibility criteria are in the VPTAS guidelines. Follow the links from our website <<http://go.vic.gov.au/1epXMN>> or contact the VPTAS Office on 1300 737 073.

Am I eligible?

You might be eligible if you are:

- ✓ a **Victorian resident** or a living organ donor from interstate
- ✓ living in a designated **rural Victorian region**
- ✓ receiving **specialist medical treatment** covered by the scheme (see the VPTAS guidelines for details)
- ✓ travelling **100 kilometres or more one way** or an **average of 500 kilometres** a week for one or more weeks to see your specialist
- ✓ a **metropolitan** resident receiving specialist medical treatment **interstate** because the treatment is not available within Victoria.

*Note: This must be approved in writing by your medical **specialist**.*

To determine if the minimum distance criteria is met the VPTAS Office uses *Google maps*, *Get Directions*, which is accessible from <<http://go.vic.gov.au/1epXMN>>.

Non-concession card holders

An annual deduction of \$100 will be made from claims for patients who are not the primary card holder of an approved pensioner concession card or health care card. Patients under the age of 18 years will not have the first \$100 deducted.

Travel covered

Only travel between the patient's home and the treatment location and travel to return to the patient's home is eligible for VPTAS. No travel undertaken during a treatment period will be eligible for VPTAS assistance.

Claims are ineligible if the patient:

- ✗ is participating in **clinical trials** or experimental treatments
- ✗ lives in a state or territory other than Victoria
- ✗ is **on holidays** or visiting friends or family
- ✗ is undertaking a journey to or from **outside Australia**
- ✗ is accessing **allied health** (for example, physiotherapy, audiology, podiatry) or general practitioner (GP) services
- ✗ is eligible to claim assistance under another state, territory or Commonwealth scheme or from a registered benefits organisation including the **Department of Veterans' Affairs**
- ✗ has received or claimed damages or other payment in respect to the illness or injury being treated
- ✗ was injured in a motor vehicle accident and is covered by the **Transport Accident Commission** or injured at work and is covered by **WorkSafe**.

Checklist

Section A: Travel and accommodation diary

- All journey details are provided
- All receipts/invoices are attached for accommodation, flights, public transport, or community transport

Section B: Patient's details

- All patient details are provided
- Escort details have been listed

Section C: Approved medical specialist

- All parts of this section have been completed by the specialist or authorised officer

Section D: Consent and declaration

- Has been signed and dated by the patient or legal guardian

Note: The VPTAS Office is unable to process a claim form unless Section D is fully completed

Section E: Payment details

- Either a cheque or EFT payment has been selected
- Correct address/bank details have been provided
- If any payments are for another provider their correct details are listed in Section E

Note: a more detailed checklist is available at <<http://go.vic.gov.au/1epXMN>>

Section A: Travel and accommodation diary



Separate claim forms are required for each specialist

For each treatment date listed on this claim form the specialist was:

Specialist name _____

Type of specialist _____

Do not add trips after *Section C: Approved medical specialist* has been completed by your specialist or authorised officer.

What do I need to attach?

- All original public transport tickets/receipts/flight itineraries and invoices must be attached. Petrol receipts are not required. Tolls and parking expenses are not covered under the VPTAS.
- myki smart cards should be registered with Public Transport Victoria (PTV) and tax invoices printed to attach to your claim – contact PTV on 1800 800 007 for further assistance with myki.
- All original accommodation invoices must be attached; EFTPOS and credit card receipts are **not classed** as an acceptable invoice.



People travelling
 P = Patient
 E¹ = Escort
 E² = Second Escort (if patient is under 18 years of age)
 P&E = Patient and Escort

Trip type
 S = Single (one way)
 R = Return

Transport type
 A = Aeroplane C = Car
 T = Taxi/ Hire car EM = Air/road ambulance
 P = Public Transport (V/Line, myki, Skybus)
 V = Free rail voucher used

Accommodation type
 PV = Private
 Example: Staying with friends or family
 C = Commercial/subsidised
 Examples: Hotel, motel, caravan park

Travel						Accommodation			
Journey	Where was treatment/consultation received? <i>(Provide full address of where treatment was received)</i>	People travelling	Trip type	Transport type	Treatment date(s)	Was the patient hospitalised?	Hospital stay dates	Accomm. type	Accomm. dates
Start DD/ MM/ YY	Hospital Name, Street Address, Suburb/City, Postcode	P&E	R	C	Start DD/ MM/ YY	Yes <input checked="" type="checkbox"/>	Admission DD/ MM/ YY	C	Start DD/ MM/ YY
End DD/ MM/ YY					End DD/ MM/ YY	No	Discharge DD/ MM/ YY		End DD/ MM/ YY
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Section B: Patient's details (Complete in BLOCK CAPITALS and ✓ where applicable)

1. Title Mr Mrs Miss Ms Other

2. Given name

3. Middle name

4. Family name

5. Gender Male Female

6. Date of birth / /

7. Are you of Aboriginal or Torres Strait Islander descent? Yes No

8. Residential address
 Postcode

9. Postal address
 Postcode

10. Telephone or

11. Email address

12. Do you have a current **pension concession, health care** or **DVA** card? Yes No

If 'Yes' a. Card number

b. Card expiry date / /

c. If DVA card Gold White Other

13. Have you made a previous claim for VPTAS? Yes No

14. How many return trips are you claiming for on this claim form?

15. Did you have an escort? Yes No

*Note: An escort is responsible for the patient's transport and accommodation needs during treatment.
Patients under the age of 18 years may be entitled to up to two escorts when the patient requires treatment or admission to a hospital over two or more consecutive days.*

16. Escort #1 **17. Escort #2** (If patient is <18 years)

Given name Given name

Middle name Middle name

Family name Family name

Date of birth / / Date of birth / /

Telephone Telephone



Section C: Approved medical specialist

Medical specialist or authorised officer to complete

- **This section is not to be completed by the patient or escort**
- This section must be completed on or after the last treatment or consultation date listed in *Section A: Travel and accommodation diary*
- An **authorised officer** is a person who works with the medical specialist. It includes registrars, resident medical officers, interns, nurse unit managers, social workers, ward clerks or administration staff such as reception staff.
- Please call the VPTAS Office on **1300 737 073** if you require assistance

1. Specialist's name (**not name of authorised officer**):

Use Specialist stamp here (if applicable)

2. Type of specialist

3. Specialist provider number

For the trips listed in *Section A: Travel and accommodation diary*

4. Did the patient require an escort? Yes No
5. Did the patient require accommodation? Yes No
6. If 'yes', how many nights of accommodation **in total**? (*not per trip*)

Note: If 'yes' is selected for point 5 and the number of nights are not allocated above, only one night will be subsidised.

Confirmation by treating medical specialist or *authorised officer*:

7. Name

8. Position

9a. Direct Telephone

9b. Direct Facsimile

10. Email

11. Signature

12. Date / /

The department may contact you to clarify information relating to the patient's claim.

