

There are two ways to apply to IPTAAS

Apply online at iptaas.enable.health.nsw.gov.au. **OR** Complete this form

When using this form

Patients may be eligible for an accommodation facility to invoice IPTAAS directly for accommodation costs.

This form should be used if:

- the patient and/or escort is staying in the accommodation facility for three or more consecutive nights
- the patient is applying to bulk bill accommodation costs

When using this form

There are instructional boxes under each section to help when filling in this form. There are also sections of the form that will need to be completed by other people:

- **Part C:** The patients referring health professional will need to complete this section. Each time the patients sees a different medical practitioner or health service, this form along with part C needs to be completed again.

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.

When the patient leaves the accommodation facility they need to provide an **'Additional Travel and**

Accommodation Claims' form. That form should be submitted to IPTAAS along with:

- invoices for travel and non-bulk billed accommodation
- Invoice for bulk billed accommodation

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 patients 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.

Part A. Eligibility details

Please read before answering question 1.

Patients receiving financial assistance for travel and accommodation from other services are not eligible for IPTAAS.

1. **Has the patient received, or are they eligible for financial assistance for travel and accommodation from (this should not include IPTAAS)**

- No Yes Another Australian federal, state or territory government travel scheme?
 No Yes Workers compensation?

- No Yes Department of Veterans' affairs (DVA)?
 No Yes Motor vehicle insurance?

2. **Is the patient or escort staying in the accommodation facility three or more nights?** No  They are not eligible to bulk bill accommodation. Yes

Part B. Patient details

3. **Patient name** Title Given name Middle name Surname

4. **Patient date of birth**

5. **Patient gender** Male Female Prefer not to say

6. **Patient Medicare card number** Line no.

7. **Does the patient have a concession card issued by Centrelink or DVA?**

- No → **Go to question 8** Centrelink DVA

Yes → Give details

8. **Patient residential address** State Postcode

9. **Patient postal address** (if different to residential) State Postcode

10. **Patient contact details** Email Phone number () Mobile number

What is the preferred contact method? Post Email Phone Mobile

11. **Does the patient identify as Aboriginal and or Torres Strait Islander?** No Yes

12. **Patient authorised contact** (optional) Name Relationship to patient Phone number () Mobile number

Part C. Referral details

This section should be completed by the patient's referring health professional or their authorised representative. A referring health professional is usually a general practitioner (GP) or can be a dentist, midwife or optometrist or a visiting medical officer.
 The referring health professional should only complete this section:

- If it is the first time applying to IPTAAS **OR**
- If it has been more than two years since they completed this section **OR**
- The patient has been referred to more than one practitioner or health service (each one will need a separate form)

13. **Referring health professionals details** Full name Phone number ()

14. **Who is the patient being referred to?** Name of medical practitioner or health service you referred the patient to Treatment location Type of treatment referred for

15. **Is the practitioner or health service the nearest to the patient's residence?** Yes → **Go to question 16** No → Give details below

Why was the patient not referred to the nearest practitioner or health service?

16. **Referring health professionals declaration (to be completed by the referring health professional or their authorised representative)**

Name Position

I declare that:
 • the information provided in Part C of this form is complete and correct

I understand that:
 • giving false or misleading information is an offence

Signature Date D D / M M / Y Y Y Y

Part D. Treatment details

If you are unsure about the details asked in question 17 the patients practitioner's/health service or authorised representative will be able to help.

17. **What type of treatment did the patient travel for?** (Select one and answer applicable questions)

Specialist Was the patient's treatment part of a non-commercial clinical trial? No Yes Did the patient receive a reimbursement for travel and accommodation for the clinical trial? No Yes
 Was the patient's travel for health screening? No Yes

Allied Health

Dental Does the patient have a cleft palate? No Yes Did the patient have surgery under general anesthesia? No Yes

Prosthetic/Orthotic Did the patient travel to a public hospital or public clinic? No Yes

High Risk Foot Services

Oral Health Clinic

18. **Treatment details** Name of specialist, allied health clinic, dentist, prosthetist/orthotists, high risk foot service, oral health clinic or clinical trial Phone number
 Medicare provider number (only applicable for a specialist)
 Treatment address State Postcode

19. **Appointment details** Start date End date(if different to start)
 D D/M M/Y Y Y Y D D/M M/Y Y Y Y

Part E. Accommodation details

20. **Name of accommodation facility** Accommodation start date
 D D/M M/Y Y Y Y

21. **Was the patient accompanied by an escort during travel or accommodation?**
 No → **Go to Part G** Yes → Give details Escort's full name

22. **Does the escort have a concession card issued by Centrelink or DVA?**
 No → **Go to question 25**
 Yes → Give details

Part F. Payment details

23. **Details of patient's nominated bank account (this is so their travel subsidy can be reimbursed)**

Account name BSB number Account number

Part G. Accommodation facility declaration

24. **Accommodation facility declaration (to be completed by the accommodation facility staff)**

I declare that:
 Our accommodation facility is registered with IPTAAS as a third party organisation
 The patient and/or their escort have requested to bulk bill their accommodation costs, and they have authorised us to submit this application on their behalf
 We have explained the requirements of bulk billing to the patient and/or their escort and will ensure they provide an Additional Travel and Accommodation Claims form when leaving the facility
 We will keep patient information secure and not provide any patient information to parties who are not directly involved in bulk billing accommodation.

I understand that:
 NSW Health may make relevant enquiries to assess this application and make sure we receive the correct subsidy
 We should get an approval before the patient leaves the facility. If we fail to do so the accommodation cost may not be payable by IPTAAS
 IPTAAS is not a full reimbursement scheme and costs outside the applicable accommodation subsidy are the patient's responsibility.

Name

Signature Date
 D D/M M/Y Y Y Y

Part H. Patient 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.

25. 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 the requirements of bulk billing and authorise the accommodation facility to submit this application on my behalf.

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 provide an Additional Travel and Accommodation Claims form when leaving the facility

I am responsible for accommodation costs that are not payable by IPTAAS

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. Please ensure forms submitted by post are addressed to IPTAAS.

Hunter New England – Tamworth

Email: HNELHD-IPTAAS@health.nsw.gov.au

Northern NSW, Mid North Coast – Port Macquarie

Email: MNCLHD-TFH-IPTAAS@health.nsw.gov.au

Far West – Broken Hill

Email: FWLHD-IPTAAS@health.nsw.gov.au

For all other areas, please send your completed application by post or email.

Email: IPTAAS@health.nsw.gov.au

For more information

Go to our website www.iptaas.health.nsw.gov.au or call us on 1800 IPTAAS (1800 478 227).