NSW GOVERNMENT Health

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)

Form 6: Application for travel and accommodation assistance for donors

Use our online services
You can apply online. This means you do not have to complete this paper form. You can register to use our online services at **iptaas.enable.health.nsw.gov.au**

When to use this form
A person donating an organ or tissue to a NSW resident may be eligible for travel and accommodation assistance.

You should use this form if:

- you donated an organ or tissue to a NSW resident.

Do not use this form if:

- the person you donated to is not a NSW resident
- you are a transplant recipient

NSW transplant recipients should complete **Form 1. Application for travel and accommodation assistance**.

What else you may need
We may require documentation to support your application. You may need to provide:

- invoices for travel and accommodation costs
- evidence that you have attended your appointment

Filling in this form
- please use black or blue pen
- print in BLOCK LETTERS
- mark boxes like this ☐ with a ✓or ✕
- where you see a box like this ☐ ***Go to question...*** skip to the question number shown. You do not need to answer the questions in between.

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

Applications must be submitted within 12 months of your discharge or appointment end date.

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. If you are receiving assistance from another government or third party service do not complete this form.

1. Have you received, or are you eligible for financial assistance for travel and accommodation from

An Australian federal, state or territory government travel scheme, other than IPTAAS?	☐ No	☐ Yes
Department of veterans' affairs?	☐ No	☐ Yes
Workers compensation?	☐ No	☐ Yes
Motor vehicle insurance?	☐ No	☐ Yes

2. Are you donating an organ or tissue to a NSW resident?

☐ No STOP ***You are not eligible for assistance from IPTAAS. You should contact the recipient's relevant state or territory travel scheme.***

☐ Yes Give details below

Recipient full name

Recipient residential address

State Postcode

Part B. Donor details

3. Patient ID (if known)

4. Your name Title Given name Middle name Surname

5. Your date of birth D D/M M/Y Y Y Y

6. Your gender ☐ Male ☐ Female ☐ Other

7. Your Medicare card number ☐☐☐☐ ☐☐☐☐☐ ☐ Line no. ☐

8. Do you have a concession card issued by Centrelink or DVA?

☐ No ***Go to question 9***

☐ Yes Give details Concession card number Concession card expiry date D D/M M/Y Y Y Y

9. Your residential address

State Postcode

10. Your postal address (if different to residential)

State Postcode

11. Your contact details

Email

Phone number ( )

Mobile number

What is your preferred contact method? ☐ Post ☐ Email ☐ Phone ☐ Mobile

12. Are you of Aboriginal or Torres Strait Islander Australian descent? ☐ No ☐ Yes

13. Your authorised contact (optional)

Name

Relationship to you

Phone number ( )

Mobile number

Part C. Air travel details

Please read before answering question 14.

If you need to travel by commercial air, you should get an air approval. Your practitioner or their authorised representative must contact IPTAAS to get an air approval. You will only get an air approval if you meet the air approval criteria.

14. What is your air approval code?

Part D. Treatment details

15. Treatment details

Name of specialist

Phone number ( )

Medicare provider number (not applicable to allied health or prosthetic/orthotic treatment)

OPTIONAL: AHPRA registration number (if known) (not applicable to allied health or prosthetic/orthotic treatment)

Treatment address

State Postcode

16. Were you hospitalised?

☐ Yes Give details

Admission date D D/M M/Y Y Y Y

Discharge date D D/M M/Y Y Y Y

☐ No If no, what was your appointment date?

Start date D D/M M/Y Y Y Y

End date (if different to start) D D/M M/Y Y Y Y

17. Did you need to stay before or after the hospitalisation or appointment dates?

☐ No ***Go to question 18***

☐ Yes Give details

☐ **nights before** and/or ☐ **nights after**

Please read before completing question 18.

Question 18: **Practitioner or health service declaration** is optional unless you are staying more than two nights before or after your appointment/hospitalisation dates.

If completed, **Question 18: Practitioner or health service declaration** is to be completed by your treating practitioner or health service, or their authorised representative.

18. Practitioner or health service declaration (to be completed by the treating practitioner, health service or their authorised representative)

Name

Position

I declare that:

- the information provided in Part D 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 E. Payment details

19. Your bank account details

Account name | BSB number | Account number

20. Would you like a third party organisation to receive part of your subsidy?

☐ No ***Go to question 21***

☐ Yes Give details below

What part of your subsidy would you like the third party organisation to receive? ☐ Travel ☐ Accommodation ☐ Both

Third party organisation details

Name | Phone number ( )

ABN | Supplier number (if known)

Part F. Travel and accommodation details

Please read before completing Part F. Travel and accommodation details.

This form is for **one trip** from your residence to the health service and return. If you would like to claim in transit travel or travel and/or accommodation for more than one trip you should complete and attach **Form 2. Travel and accommodation supplement** to this application.

You need to provide invoices for travel and accommodation costs (except private vehicle travel and private accommodation) with your application.

21. Were you accompanied by an escort during travel or accommodation?

☐ No ***Go to question 23***

☐ Yes Give details Your escort's full name

22. Does your escort have a concession card issued by Centrelink or DVA?

☐ No ***Go to question 23***

☐ Yes Give details Your escort's concession card number | Your escort's concession card expiry date D D/M M/Y Y Y Y

23. Your travel details

Travel dates Departure date D D/M M/Y Y Y Y | Return date D D/M M/Y Y Y Y

Mode of travel (Check applicable box)	Forward Patient	Escort	Return Patient	Escort
Private vehicle	☐	☐	☐	☐
Public transport	☐	☐	☐	☐
Commercial air	☐	☐	☐	☐
Community transport	☐	☐	☐	☐
Emergency transport	☐	☐	☐	☐
Taxi	☐	☐	☐	☐

24. Are you claiming accommodation?

☐ No ***Go to question 26***

☐ Yes Give details Check in date D D/M M/Y Y Y Y | Check out date D D/M M/Y Y Y Y

25. What type of accommodation did you stay in?

More information about accommodation types is available on our website. ☐ Private ☐ For Profit ☐ Not for profit

Part G. Donor 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.

26. Patient declaration (to be completed by you or your 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 may be audited. If my practitioner or health service did not complete question 18 of this form I am required to keep evidence to prove I attended my appointment for **two years**
- Giving false or misleading information is an offence

Your name

Your signature

Date D D/M M/Y Y Y Y

Submitting your 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 or fax. Please ensure forms submitted by post are addressed to IPTAAS.

Hunter New England – Tamworth
Email: HNELHD-IPTAAS@health.nsw.gov.au
Post: Locked Bag 9783, Tamworth NEMSC NSW 2348
Fax: (02) 6766 4576

Northern NSW, Mid North Coast – Port Macquarie
Email: MNCLHD-TFH-IPTAAS@health.nsw.gov.au
Post: PO Box 126, Port Macquarie NSW 2444
Fax: (02) 5524 2996

Far West – Broken Hill
Email: FWLHD-IPTAAS@health.nsw.gov.au
Post: PO Box 457, Broken Hill NSW 2880
Fax: (08) 8080 1695

All other
Email: IPTAAS@health.nsw.gov.au
Post: Locked Bag 5270, Parramatta NSW 2124

You may be able to provide your form in person at one of our offices. Contact IPTAAS for more information about over the counter services.