

PTAS Application Form

Patient Travel Assistance Scheme (PTAS)

The Patient Travel Assistance Scheme (PTAS) helps cover your travel costs if you need to travel long distances to access specialised health care. More information is provided in the attached summary guide. Detailed information about PTAS can be found at www.health.tas.gov.au/ptas.

Section I: Patient to complete

Section I must be completed and signed by the patient or their guardian/carer. Your personal information will only be used to process your PTAS Application and will be managed in accordance with the *Personal Information Protection Act 2004*



Contact and personal information

Last name			
First name		Date of birth	
Residential address			
Suburb		Postcode	
Postal address			
Suburb		Postcode	
Preferred contact method	<input type="checkbox"/> Home phone	<input type="checkbox"/> Mobile	<input type="checkbox"/> Email
Home phone		Mobile	
Email			



Appointment details (if known)

Please provide a copy of your appointment letter if you would like the PTAS office to make bookings for you.



Concession card copy (if you have one)

Please provide a copy of your current concession card with your application.



Payment details (reimbursement is by electronic funds transfer)

Account name			
BSB number (6 digits)		Bank	
Account number			



Declaration and consent

- I am not eligible to receive financial assistance for travel expenses from a private health fund or any other scheme including the National Disability Insurance Scheme, Department of Veterans' Affairs, Motor Accidents Insurance Board, or workers compensation.
- I give permission for my doctors to share relevant information with the PTAS Medical Authoriser.
- I understand that I must submit Section 3 of this form within 6 months of the first date of treatment.



Signature of
patient or
parent/guardian

Date

Section 2: Referring medical practitioner to complete

- Section 2 must be completed and signed by the referring medical practitioner.
- The referring medical practitioner must describe the treatment for which the patient is being referred with sufficient detail to enable assessment of PTAS eligibility by the Medical Authoriser (a medical practitioner).

Patient details

Last name

First name

Date of birth

Address

Referring medical practitioner details (doctor who is referring the patient to a specialist).

For travel outside of Tasmania, the referring doctor must be a Tasmanian specialist.

Name

Provider number

Address

Telephone

Email

Nominated clinical provider details (clinician whom the patient is travelling to see)

Travel to private clinical services outside of Tasmania is not eligible for PTAS subsidies.

Name

Type of specialist

Address

Telephone

Email

Detailed reason for referral (this information is essential for assessing PTAS eligibility)

Can this procedure be undertaken in Tasmania?

☐ Yes

☐ No

Is this the nearest specialist?

☐ Yes

☐ No (please provide medical reason)

Are special travel arrangements needed for medical reasons?

☐ Yes (please provide details below)

☐ No

☐ Oxygen ☐ Wheelchair ☐ Other, please specify:

Escort details (if applicable)

Does the patient require assistance by an escort?

☐ Yes (please provide medical reason below)

☐ No

Escort name

Date of birth

Mobile phone

 **Signature of referring medical practitioner**

Date

Office use only

PTAS: ☐ Approved ☐ Not approved **Escort** ☐ Approved ☐ Not Approved

Reason / Comments

 **Signature of medical authoriser**

Date

Print name

Section 3: Approved clinical provider to complete

- Section 3 must be completed and signed by the approved clinical provider or their authorised officer (for example, registrar, intern, nurse unit manager, or clinical technician, who works directly with them).
- 'Dates of services' must be updated and signed at each appointment.
- The patient or their guardian/carer must return a copy of this form to the local PTAS office within 6 months of the date of service.



Patient details

Name	Date of birth
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Clinical provider's details (not name of authorised officer)

Name

Type of specialist	Provider no.
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Description of consultation or procedure undertaken

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Dates of stay for medical reasons	From		To	
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Dates of inpatient stay (if applicable)	From		To	
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Certification by clinical provider or authorised officer

Name

Position

Telephone	Email
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Signature of clinical provider or authorised officer

Date

Dates of services (complete when attending multiple appointments)

Length of stay			Procedure	Clinical provider's signature
Dates			(For example. consultation, pre-admission, surgery, post-op)	
From	To	Appointment time		

This guide is intended to be read together with the attached PTAS application form.

If you need more information

Visit www.health.tas.gov.au/ptas

Call	your local PTAS office:	South	6166 8225
		North	6777 6249
		North West	6477 7734

What is the Patient Travel Assistance Scheme?

Travelling for specialised health services can be costly if you live a long way from the care you need. The Patient Travel Assistance Scheme (PTAS) may help you with travel costs for transport and accommodation, and for a support person if you need physical assistance while travelling.

Who can receive a PTAS subsidy?

You may be eligible for PTAS financial help if you:

- are a Tasmanian resident
- are receiving an eligible clinical service from an approved clinical provider
- need to travel more than 75 km one-way to the nearest specialised health service OR more than 50 km one-way to the nearest cancer or dialysis centre.

What services are eligible?

You can receive a travel subsidy for these services:

- most specialist medical services provided in Tasmanian public hospitals or covered under Medicare
- some public interstate medical services, if the service isn't available in Tasmania
- cancer or dialysis treatment
- Jack Jumper Allergy Program
- allied health services ordered by a specialist as part of an eligible service treatment plan

- independent midwifery services for women who have a low-risk or uncomplicated pregnancy

How do I apply?

Complete the attached application form. You can download another application form from www.health.tas.gov.au/ptas.

About your application

- You must complete a separate application for each service provider you are seeing.
- You must submit your claim within 6 months of your first appointment date.
- If you see the same provider several times a year, Section 2 of your application is valid for 12 months. A copy of Section 1 and 3 must be updated and lodged for each claim.
- Once your application is approved we will contact you about any flight bookings. These bookings can be made by staff.
- If you make your own bookings and claim for reimbursement afterwards, please check if you are eligible for a subsidy before you book.

How much are the subsidies?

The subsidy rates are in the table below.

Patients who **do not** hold an approved concession card must pay:

- the total cost of the first 2 nights' accommodation per journey and
- the first \$82.50 towards the cost of each return journey.

Travel contributions are capped at \$330 per financial year.

Subsidies may not cover all expenses. All patients must pay any difference between the subsidy amount and the actual cost of travel and accommodation.

Service	Tasmania	Interstate
Air	Best available fare	Best available fare
Ferry/bus	Best available fare	Best available fare
Private car	\$0.24 per km	Not applicable.
Taxi	Between airport and place of treatment.	For travel between airport and place of treatment only.
Accommodation	Up to \$76 per night	Up to \$98 per night

Approved concession cards

- Services Australia Pensioner Concession Card (PCC)
- Services Australia Health Care Card (HCC)
- Department of Veterans' Affairs Pensioner Concession Card (DVA PCC)

Commonwealth Seniors Health Card is not an approved concession card.

Send your completed application to your local PTAS office:

South

Royal Hobart Hospital
GPO Box 1061
HOBART TAS 7001
☎ 6166 8225
✉ ptasrhh@ths.tas.gov.au

North

Launceston General Hospital
PO Box 1963
LAUNCESTON TAS 7250
☎ 6777 6249
✉ lgh.patient.travel@ths.tas.gov.au

North West

North West Regional Hospital
PO Box 258
BURNIE TAS 7320
☎ 6477 7734
✉ nw.ptas@ths.tas.gov.au

Check that your application form is ready!

- Section 1 has been completed and signed by the patient or their guardian or carer.
- A copy of the patient's concession card is attached (if applicable).
- Section 2 has been completed and signed by the referring medical practitioner.
- Section 3 has been completed and signed by the clinical service provider or an authorised officer.
- Each 'dates of service' entry in Section 3 has been signed by the provider or their authorised officer.
- Receipts or tickets are attached for all travel for the patient and their escort (if approved). (Not required for taxi vouchers issued by PTAS or private car fuel.)
- Tax invoices for accommodation are attached and include names of persons accommodated and costs.

Detailed information about PTAS can be found at www.health.tas.gov.au/ptas.