

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

You require a separate form for each different practitioner or health service you travel to.

You should use this form:

- if you have previously submitted an application to this practitioner or health service
- as a supplement to **Form 1. Application for travel and accommodation assistance** if you would like to claim in transit travel or more than one trip
- to complete your application if you received advance travel assistance
- to complete your application if you bulk billed your accommodation

Do not use this form if this is your first application to this practitioner or health service or your personal details have changed.

What else you may need to provide

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

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

For more information

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

Part A. Patient details

1. Patient ID (if known)

2. Your name

 Given name

 Surname

3. Your date of birth

4. Your residential address

| | | |
|--|-------|----------|
| | State | Postcode |
|--|-------|----------|

Part B. Treatment details

5. Name of specialist, allied health clinic, dentist or prosthetist/orthotist

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)

Phone number ()

Part C. Payment details

6. Your bank account details (if different to details previously provided)

 Account name

 BSB number

 Account number

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

No **Go to question 8**

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

 ABN

 Phone number ()

 Supplier number (if known)

Part D. Escort details

8. Were you accompanied by an escort?

No **Go to question 10**

Yes Give details below

Your escort's full name

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

No

Yes

Part E. Travel and accommodation details

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

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.

10. If applicable, what is your air approval code?

Key for completing the table:

Travel mode:

Private vehicle – PV
 Public transport – PT
 Commercial air – AIR
 Community transport – CT
 Emergency transport – ET
 Taxi – TX

People travelling:

Patient only – P
 Escort only – E
 Patient and escort – PE

Trip type:

One way – O
 Return – R

| Travel dates | Travel mode | People travelling | Trip type | Address | Appointment date | Hospitalisation dates (if applicable) | Accommodation dates (if applicable) | Bulk bill |
|--------------|-------------|-------------------|-----------|---------|------------------|---------------------------------------|-------------------------------------|--------------------------|
| Start / / | | | | From | Start date / / | Admission / / | Check in / / | <input type="checkbox"/> |
| End / / | | | | To | End date / / | Discharge / / | Check out / / | |
| Start / / | | | | From | Start date / / | Admission / / | Check in / / | <input type="checkbox"/> |
| End / / | | | | To | End date / / | Discharge / / | Check out / / | |
| Start / / | | | | From | Start date / / | Admission / / | Check in / / | <input type="checkbox"/> |
| End / / | | | | To | End date / / | Discharge / / | Check out / / | |
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| Start / / | | | | From | Start date / / | Admission / / | Check in / / | <input type="checkbox"/> |
| End / / | | | | To | End date / / | Discharge / / | Check out / / | |

Part E. Travel and accommodation details (cont.)

| Travel dates | Travel mode | People travelling | Trip type | Address | Appointment date | Hospitalisation dates (if applicable) | Accommodation dates (if applicable) | Bulk bill |
|----------------------|-------------|-------------------|-----------|------------|--------------------------------|---------------------------------------|-------------------------------------|--------------------------|
| Start / / End / / | | | | From To | Start date / / End date / / | Admission / / Discharge / / | Check in / / Check out / / | <input type="checkbox"/> |
| Start / / End / / | | | | From To | Start date / / End date / / | Admission / / Discharge / / | Check in / / Check out / / | <input type="checkbox"/> |
| Start / / End / / | | | | From To | Start date / / End date / / | Admission / / Discharge / / | Check in / / Check out / / | <input type="checkbox"/> |
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| Start / / End / / | | | | From To | Start date / / End date / / | Admission / / Discharge / / | Check in / / Check out / / | <input type="checkbox"/> |
| Start / / End / / | | | | From To | Start date / / End date / / | Admission / / Discharge / / | Check in / / Check out / / | <input type="checkbox"/> |

Part F. Practitioner or health service declaration

Please read before completing this question.

Question 11: 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 11: Practitioner or health service declaration** is to be completed by your treating practitioner or health service, or their authorised representative.

11. 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 B and Part E of this form is complete and correct

I understand that:

- Giving false or misleading information is an offence

Signature Date

Part G. 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.

12. 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 11 of this form I am required to keep evidence to prove I attended my appointment(s) for **two years**
- Giving false or misleading information is an offence

Your name

Your signature Date