Victorian Patient Transport Assistance Scheme

health

Departmental use

Patient name

Reg No

About the scheme

The Victorian patient transport assistance scheme (VPTAS) subsidises the travel and accommodation costs incurred by rural Victorians and an approved escort, who have no option but to travel a long distance to receive approved medical specialist services. The standard processing time for an eligible claim is 6-8 weeks.

Who is eligible?

To be eligible for assistance patients must meet all of the following criteria:

- be a Victorian resident
- live in a Department of Health designated rural region (refer to the rural map in the guidelines)
- be receiving specialist medical treatment under specialty treatment codes 001-099, 102 or 115 from an approved medical specialist service registered with Medicare Australia (refer to the guidelines for specialist treatments eligible for VPTAS), and
- need to travel more than 100 kilometres one way or on average 500 kilometres per week for a minimum of five consecutive weeks.

General practitioners are expected to minimise the travel required and refer to the nearest approved medical specialist service.

To consistently and accurately calculate the most direct and simplest surface route between the patient's permanent residence and the approved medical specialist service, the department uses the route planner system. This determines whether the minimum distance criteria is met and if so, the subsidy payment.

Follow the links on our website <www.health.vic.gov.au/ruralhealth> to access the route planner.

Assistance may also be provided to metropolitan and rural Victorian residents who are referred to an interstate approved medical specialist service when the service is not available within Victoria or if this is the nearest location. The approved medical specialist must confirm in writing that the required service cannot be provided in Victoria.

Non-concession card holders

Patients who are not the primary card holder of an approved Pensioner Concession Card or Health Care Card will pay the first \$100 each treatment year. Once the \$100 payment has been made patients will receive full VPTAS assistance for the remainder of that treatment year. A treatment year is defined as 12 months from the date of the patient's first listed medical specialist service.

Patient escorts

An approved patient escort may also be eligible to seek assistance for travel and accommodation costs. An escort is responsible for the patient's transport and accommodation needs during treatment.

An approved escort must be:

- 18 years of age or older
- accompanying the patient whilst travelling, and
- deemed necessary by the approved specialist.

Travel covered

Only travel between the patient's residence and the treatment location (via commercial accommodation if applicable) and travel to return to the patient's residence is eligible for VPTAS. No travel undertaken during a treatment episode will be eligible for VPTAS assistance.

Who is ineligible?

Patients who:

- participate in clinical trials or experimental treatments
- reside in states or territories other than Victoria
- are on holidays or whilst visiting friends or family both intra or interstate
- are undertaking a journey to or from outside Australia
- are accessing allied health (for example, physiotherapy, osteopathy, podiatry) or general practitioner services
- are eligible to claim assistance under another state, territory or Commonwealth scheme or from a registered benefits organisation including the Department of Veterans' Affairs
- have received or claimed by way of compensation, damages or other payment in respect to the illness or injury being treated
- were injured in a motor vehicle accident and are covered by the Transport Accident Commission
- were injured at work and are covered by WorkCover.

VPTAS Guidelines

Details about the subsidy levels and eligibility criteria are in the VPTAS guidelines. Follow the links from our website www.health.vic.gov.au/ruralhealth or contact the Victorian VPTAS office.



Please read before completing this claim form:

- **Do not** complete this form if you have claimed or are entitled to claim benefits in relation to your treatment under any other Commonwealth, state or territory scheme (TAC, Insurance or WorkCover).
- Your application will be assessed on the basis of the information you provide, please read it carefully before you start.
- Claim forms must be submitted within 12 months from the first treatment date listed on this form.
- Trips taken after the approved medical specialist or authorised officer has signed and dated this form in Section C will not be paid.

Section A: Travel and accommodation diary

- All original public transport tickets/receipts/flight itineraries and invoices must be attached. Petrol receipts are not required.
- All original accommodation invoices must be attached; EFTPOS and Credit Card receipts are not classed as an acceptable invoice.

Transport type

• All trips will be calculated from the residential address provided in **Section B**.

Trip type

People travelling

- No reimbursements are provided for private accommodation. Commercial/subsidised accommodation is accommodation that is registered as a business and has an Australian Business Number (ABN).
- Additional copies of the travel and accommodation diary are available from your Department of Health regional office or follow the links on our website <www.health.vic.gov.au/ruralhealth>.

P = Patient E = Escort		ort	S = Single (one way) A = Ae		roplane		C = Car	= Car T =					PV = Private		
P/E = Patient and Escort R = Return EM =				EM =	n = Air/road ambulance P = Public Transport (v-line, met				link))		C = Commercial/subsidised			
Travel										Accommodation					
Journey start date	Journey end date	rece	re was treatment/constived? (Provide full addre e treatment was receive	ess of	People travelling	Trip type	Transport type	Treatment date(s)		Was patient hospitalised?	Hospital admission date	Hospital discharge date	Accomm. type	Accomm. dates	
18170171201	ANPLE 21/01/12/01	E HE	spital Name, Street Add Suburb/City, Postcode	ress, and	LE EXAMPLE EXAMPLE	EXAMP	LE EXAMPLE EXAMPLE	start 19/01/12 end 21/01/12	<	yes tank	519/01/12 <	121/01/12an 121/01/12an 12an	PLE CAMPLE PLE CAMPLE EXAMPLE	start 18/01/12 end 21/01/12	
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/ /	//							start / / end / /		yes no	//			start / / end / /	



Accommodation type

Section B: Patient (Complete in BLOCK CAPITALS)

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐								
Given name								
Middle name								
Family name								
Gender Male / Female								
Date of birth / /								
Are you of Aboriginal or Torres Strait Islander descent? Yes \(\subseteq \text{No} \(\subseteq \)								
Residential address								
Postcode								
Postal address								
Postcode Postcode								
Phone or I I I I I I I I I I I I I I I I I I								
Do you have a current pension concession card, health care card or DVA card?								
Yes □ No □ If yes, card number □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □								
Card expiry date / /								
Have you made a previous claim for VPTAS? Yes \(\text{No } \)								
How many return trips are you claiming for on this claim form?								
Did you have an escort? Yes ☐ No ☐								
Escort's details								
Given name								
Middle name								
Family name								

(Authorised officer may complete this on behalf of the approved medical specialist but please ensure specialist's name is listed)

Section C: Approved medical specialist please ensure specialist's name is listed)

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Specialist name
Type of specialist
Specialist provider number
$ullet$ Does the patient require an escort? Yes \square No \square
An escort is responsible for the patient's transport and accommodation needs during treatment
 Excluding hospitalisation, how many nights is it medically necessary for the patient to stay in commercial or subsidised accommodation for all treatment journeys listed on this claim form? inights. If other immediate family members are required to attend the same session for medical treatment or consultation (family support), the approved medical specialist must provide a letter outlining the details. See below.
 Patients may be eligible for family support assistance where the approved medical specialist requires immediate family members (parents or guardians, partners and/or siblings) to attend the same session for medical treatment or consultation. Details of family support need to be confirmed in writing by the approved medical specialist.
Signature of treating medical specialist or authorised officer.
Signature
Name
Position

With consent, the department may contact you to clarify information relating to the patient's claim.

Direct contact (ph)

- This section must be signed and dated by the approved medical specialist or authorised officer on or after the last treatment/consultation date listed in **Section A**.
- Please ensure that if an additional travel and accommodation diary is attached to this claim form that it is also signed on or after the last listed date of specialist medical services.
- Note: An authorised officer is an individual that works with/for the approved medical specialist and can confirm the information provided in **Section A and C**.

Specialist stamp here (if applicable):

Date

Section D: Consent and declaration

Section D must be completed for VPTAS to be able to process your claim.

When assessing your VPTAS application it may be necessary to discuss your application with other relevant parties. Your consent is required to permit the department to discuss your VPTAS application. Any information you provide on your application will remain confidential.

Only details which directly relate to your VPTAS application will be discussed. The release of information from relevant parties is for the sole purpose of clarifying issues relating to your application for VPTAS assistance and for no other purpose.

By printing and signing my name below, I:

- declare that the information provided is true and correct and understand that if I have provided a false declaration I may be liable to penalties of perjury under the *Evidence Act 1958*, which may include imprisonment.
- authorise the Department of Health or officers acting on behalf of the department to discuss information regarding my VPTAS application with my medical specialist or other relevant parties as necessary.

Patient or legal guardian to print name
Signature
Date / /

Please ensure you have completed all sections of the claim form and attached all relevant documents.

Section E: Payment

Please tick a payment option: EFT \square Cheque \square For travel \square and/or accommodation \square						
Electronic funds transfer						
I have been paid EFT before and my details are the same: Yes \square No \square						
(If you answered 'No' please complete the details below).						
If you would like the details of your EFT payment to be emailed to you, please provide your email address:						
Account name						
Accountriante						
BSB						
Account number						
By cheque						
Full name and postal address to which cheque is to be made.						
Name Name						
Postal address						
Postcode Postcode						
Payment to other provider						
For travel \square and/or accommodation \square						

Payment to other provider For travel and/or accommodation Full business name and address to which cheque is to be made. Business name Postal address Postal address Postcode

Claim lodgement

Send your completed claim to: Victorian VPTAS office PO Box 712, Ballarat 3353

Freecall: 1300 737 073 Phone: 5333 6040

Claim forms can be collected and submitted at your local Department of Health office. Claim forms can be accessed and ordered on-line at www.health.vic.gov.au/ruralhealth>

Accessibility

If you would like to receive this publication in an accessible format, please phone 5333 6040 using the National Relay Service 13 36 77 if required.

Privacy

The Department of Health (Department) is committed to protecting your privacy. We collect and handle personal information in this form for the purposes of administrating and processing payments for your VPTAS claim. If you choose not to provide your personal information or only provide part of the information requested, we may not be able to process your claim.

You have a right to access your personal information through the *Freedom of Information Act 1982**.

For information on the Department's privacy policy, please visit the Department's privacy website on www.dhs.vic.gov.au/pdpd/ciiru/privacy.

* For information about Freedom of Information (Fol) requests, visit the Department's FOI website <www.dhs.vic.gov.au/foi>