

# Travel and accommodation reimbursement claim form

Victorian Patient Transport Assistance Scheme (VPTAS)

VPTAS Office use. Claim number:

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## Important information:

- The standard **processing time** for a VPTAS claim is **six to eight weeks**.
- Claim forms must be **lodged within 12 months** of attending an approved medical specialist service.
- Do not add trips to this form after the approved medical specialist or authorised officer has signed and dated this form in Section C.
- Submit separate VPTAS claim forms for each specialist.
- VPTAS Office is unable to guarantee eligibility prior to a full assessment of your claim.

## About the scheme

The Victorian Patient Transport Assistance Scheme (VPTAS) helps eligible Victorians and an approved escort(s) who have to travel a long way for specialist medical treatment by subsidising their travel and accommodation costs.

For further information and current subsidy levels please refer to the VPTAS website or contact the VPTAS Office. At the time of printing, VPTAS subsidises **21 cents per kilometre** for private car travel, full economy-class fare for public transport, full economy-class fare for commercial flights (if the journey exceeds 350 kilometres one way), taxi travel (from home to nearest public transport or from public transport to specialist and return) and up to a maximum of **\$49.50 (GST inc.)** or **\$45.00 (GST exc.)** per night/per person for commercial accommodation.

## Am I eligible?

You might be eligible if you are:

- ✓ a **Victorian resident** or a living organ donor from interstate
- ✓ living in a designated **rural Victorian region**
- ✓ receiving **specialist medical treatment** covered by the scheme (see the VPTAS guidelines for details)
- ✓ travelling **100 kilometres or more one way** or an **average of 500 kilometres** a week for one or more weeks to see your specialist.  
*Note: Google maps, Get Directions is used to determine the total eligible travel distance.*
- ✓ a **metropolitan** resident receiving specialist medical treatment **interstate** because the treatment is not available within Victoria.  
*Note: This must be approved in writing by your medical specialist.*

## Non-concession card holders

An annual deduction of \$100 will be made from claims for patients who are not the primary card holder of an approved pensioner concession card or health care card. Patients under the age of 18 years will not have the first \$100 deducted.

## Travel covered

Only travel between the patient's home and the treatment location and travel to return to the patient's home is eligible for VPTAS. No travel undertaken during a treatment period will be eligible for VPTAS assistance.

## Claims are ineligible if the patient:

- ✗ is participating in **clinical trials** or experimental treatments
- ✗ lives in a state or territory other than Victoria
- ✗ is **on holidays** or visiting friends or family at the time of requiring the specialist service
- ✗ is undertaking a journey to or from **outside Australia**
- ✗ is accessing **allied health** (for example, physiotherapy, audiology, podiatry) or general practitioner (GP) services
- ✗ is eligible to claim assistance under another state, territory or Commonwealth scheme or from a registered benefits organisation including the **Department of Veterans' Affairs** (this includes DVA Gold card holders and their escorts)
- ✗ has received or claimed damages or other payment in respect to the illness or injury being treated
- ✗ was injured in a motor vehicle accident and is covered by the **Transport Accident Commission** or injured at work and is covered by **WorkSafe**.

VPTAS Office use. Received date:

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## Contact us

**Telephone:** 1300 737 073 or 03 5333 6040

**Facsimile:** 03 5333 6437

**Email:** [vptas@dhhs.vic.gov.au](mailto:vptas@dhhs.vic.gov.au)

*Note: The VPTAS Office is unable to receive claims via email or fax.*

## Claim lodgement

Send your completed claim to:

**VPTAS Office**  
**PO Box 712**  
**Ballarat VIC 3353**

Claim forms can be collected and submitted at your local Department of Health and Human Services office. Claim forms can be accessed and ordered online at the [VPTAS website](http://www.vptas.vic.gov.au) <<http://www.vptas.vic.gov.au>>.

## Accessibility

If you would like to receive this publication in an accessible format, please phone 1300 737 073 using the National Relay Service 13 36 77 if required.

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# Section A: Travel and accommodation diary

## Separate claim forms are required for each specialist

For each treatment date listed on this claim form the specialist was:

Specialist name \_\_\_\_\_

Type of specialist \_\_\_\_\_

**Do not add trips after Section C: Approved medical specialist has been completed by your specialist or authorised officer.**

### What do I need to attach?

- All original public transport tickets/receipts/flight itineraries and invoices must be attached. Petrol receipts are not required. Tolls, parking, medical and food expenses are not covered under the VPTAS.
- myki smart cards should be registered with Public Transport Victoria (PTV) and tax invoices printed to attach to your claim – contact PTV on 1800 800 007 for further assistance with myki.
- All original accommodation invoices must be attached; EFTPOS and credit card receipts are **not classed** as an acceptable invoice.



<p><b>People travelling</b></p> <p>P = Patient          E1 = Escort          E2 = Second Escort (if patient is under 18 years of age)          PE = Patient and Escort          PE2 = Patient and two Escorts</p>	<p><b>Trip type</b></p> <p>S = Single (one way)    R = Return          D = Drop off<sup>1</sup> – Escort dropped patient off to admission          P = Pick up<sup>1</sup> – Escort picked patient up from admission</p> <p><sup>1</sup> If the escort is not required to stay during the patient's admission but is required to transport the patient to/from home they may be able to claim two return trips to <b>drop off/pick up</b> the patient from the admission. Only travel between the patient's residential address and treatment location is eligible.</p>	<p><b>Transport type</b></p> <p>AF = Angel Flight    V = Free rail voucher          A = Aeroplane    P = Public Transport (V/Line, myki, Skybus)          U = Uber          T = Taxi/Hire car    EM = Air/road ambulance          C = Car    CM = Community transport</p>	<p><b>Accommodation type</b></p> <p>PV = Private  <i>Example: Staying with friends or family</i>          C = Commercial/subsidised  <i>Examples: Hotel, motel, caravan park, airbnb (accommodation booked directly with an airbnb host is ineligible)</i></p>
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Travel						Accommodation			
Journey (List from oldest to most recent)	Where was treatment/consultation received? (Provide full address of where treatment was received)	People travelling	Trip type	Transport type	Treatment date(s)	Was the patient hospitalised?	Hospital stay dates	Accomm. type	Accomm. dates
<b>EXAMPLE COMPLETED ROW</b>	Hospital Name Street Address Suburb City Postcode	PE	R	C	Start DD/ MM/ YY	Yes <input checked="" type="checkbox"/>	Admission DD/ MM/ YY	C	Check in DD/ MM/ YY
End DD/ MM/ YY					No <input type="checkbox"/>	Discharge DD/ MM/ YY	Check out DD/ MM/ YY		
Start / /					Start / /	Yes	Admission / /		Check in / /
End / /					End / /	No	Discharge / /		Check out / /
Start / /					Start / /	Yes	Admission / /		Check in / /
End / /					End / /	No	Discharge / /		Check out / /
Start / /					Start / /	Yes	Admission / /		Check in / /
End / /					End / /	No	Discharge / /		Check out / /
Start / /					Start / /	Yes	Admission / /		Check in / /
End / /					End / /	No	Discharge / /		Check out / /

## Section B: Patient's details (Complete in BLOCK CAPITALS and ✓ where applicable)

1. Title      Mr      Mrs      Miss      Ms      Other
2. Given name
3. Middle name
4. Family name
5. Gender    Male      Female      Other
6. Date of birth      /      /
7. Are you of Aboriginal or Torres Strait Islander descent?    Yes      No
8. Residential address
- Postcode
9. Postal address
- Postcode
10. Telephone      or
11. Email address
12. Do you (the patient) have a current **pension concession, health care** or **DVA** card?    Yes      No
- If 'Yes' a. Card number
- b. Card start date      /      /
- c. Card expiry date      /      /
- d. If DVA card    White      Blue      Other
- DVA Gold card holders are ineligible to claim through VPTAS – please contact DVA on 133 254
13. Have you (the patient) made a previous claim for VPTAS?    Yes      No
14. How many return trips are you claiming for on this claim form?
15. Did you have an escort?      Yes      No
- Note: An escort is responsible for the patient's transport and accommodation needs during treatment. **Patients under the age of 18 years** may be entitled to up to two escorts when the patient requires treatment or admission to a hospital over two or more consecutive days.
- |  |   |
|--|---|
| <p>16. <b>Escort 1</b></p> <p>Given name</p> <p>Middle name</p> <p>Family name</p> <p>Date of birth      /      /</p> <p>Telephone</p> | <p>17. <b>Escort 2</b> (If patient is &lt;18 years)</p> <p>Given name</p> <p>Middle name</p> <p>Family name</p> <p>Date of birth      /      /</p> <p>Telephone</p> |
|--|---|

## Section C: Approved medical specialist

### Medical specialist or authorised officer to complete

 **This section is NOT to be completed by the patient or escort.**

- This section must be completed **on or after the last treatment or consultation date** listed in *Section A: Travel and accommodation diary*.
- An **authorised officer** is a person who works with the medical specialist. It includes registrars, resident medical officers, interns, nurses, social workers, ward clerks or administration staff such as reception staff.
- This section is to be completed in full by either the specialist or authorised officer. Amendments will not be accepted.
- Please call the VPTAS Office on **1300 737 073** if you require assistance.

1. Specialist's name (**not name of authorised officer**):

Use Specialist stamp here (if applicable)

2. Type of specialist

3. Specialist provider number

#### For the trips listed in Section A: Travel and accommodation diary

4. Did the patient require an escort?      Yes      No

5a. Did the patient require accommodation?    Yes      No

5b. If 'yes', how many nights of accommodation **in total**? (*not per trip*)

Note: If 'yes' is selected for point 5 and the number of nights are not allocated above, only one night will be subsidised.

#### Confirmation by treating medical specialist or authorised officer:

6. Name

7. Position

8a. Direct telephone

8b. Direct facsimile

9. Email

10. Signature



11. Date

/  /

The department may contact you to clarify information relating to the patient's claim.

## Section D: Consent and declaration

**Section D must be completed by the patient, legal guardian or power of attorney for the VPTAS Office to process this claim.**

1. I: \_\_\_\_\_  
(PRINT NAME)

- declare that the information provided is true and correct
- authorise the Department of Health and Human Services 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.

2. Signature



3. Date

 /  / 

### Privacy

The Department of Health and Human Services is committed to protecting your privacy, in line with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

We collect and handle personal information in this form for the purposes of administering and processing payments for your VPTAS claim. If you choose not to provide your personal information or only provide some of the information requested, we may not be able to process your claim.

To process and administer your claim, we may share some of your information with health care, transport and accommodation providers.

For information on the department's privacy policy, see the [DHHS website's privacy statement page](https://www.dhhs.vic.gov.au/privacy-statement) <https://www.dhhs.vic.gov.au/privacy-statement> or contact us (see page 1).

You have a right to access and correct your personal information.

To make a Freedom of Information request, see [Making a Freedom of Information request](https://www.dhhs.vic.gov.au/making-freedom-information-request) <https://www.dhhs.vic.gov.au/making-freedom-information-request>.

## Section E: Payment details

Note: Cheque payments are no longer issued. Reimbursement will be delayed if incomplete or incorrect bank details are supplied.

For travel and/or accommodation

### Payee's information

Given name

Middle name

Family name

Date of birth / /

Postal address

Postcode

Email address for payment advice

I have been paid via EFT before and my details are the same. Yes No

(if no, please complete the details below)

Account name

BSB -

Account number

### Payment to service provider

For travel and/or accommodation

Full business name

Postal address

Postcode

VPTAS is unable to reimburse travel and/or accommodation to service providers without a tax invoice and EFT details.

Contact person

Direct telephone

## Checklist

### Section A: Travel and accommodation diary

All journey details are provided

All receipts/invoices are attached for accommodation, flights, public transport, or community transport

### Section B: Patient's details

All patient details are provided

Escort details have been listed

### Section C: Approved medical specialist

All parts of this section have been completed by the specialist or authorised officer

### Section D: Consent and declaration

Has been signed and dated by the patient or legal guardian

Note: The VPTAS Office is unable to process a claim form unless Section D is fully completed

### Section E: Payment details

Correct address/bank details have been provided for EFT payment

If any payments are for a service provider their correct details are listed in Section E and a tax invoice has been provided