

Travel and accommodation reimbursement claim form

Victorian Patient Transport Assistance Scheme (VPTAS)



Important information:

- All VPTAS claim forms will be assessed in conjunction with the terms and conditions of the scheme, as detailed in the VPTAS guidelines.
- 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.

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**.

Contact us

Telephone: 1300 737 073
or 03 5333 6040

Facsimile: 03 5333 6437

Email: vptas@health.vic.gov.au

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

Claim lodgement

Send your completed claim to:

VPTAS
GPO Box 4057
Melbourne Vic 3001

Accessibility

If you would like to receive this publication in an accessible format, please email the VPTAS office on vptas@health.vic.gov.au.

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Department
of Health

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>People travelling</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>Trip type</p> <p>S = Single (one way) R = Return D = Drop off¹ – Escort dropped patient off to admission P = Pick up¹ – Escort picked patient up from admission</p> <p>¹ 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 drop off/pick up the patient from the admission. Only travel between the patient's residential address and treatment location is eligible.</p>	<p>Transport type</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>Accommodation type</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
EXAMPLE COMPLETED ROW									
Start DD/ MM/ YY	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					End DD/ MM/ YY	No <input type="checkbox"/>	Discharge DD/ MM/ YY		Check out DD/ MM/ YY
Start [][]/[][]/[][]					Start [][]/[][]/[][]	Yes <input type="checkbox"/>	Admission [][]/[][]/[][]		Check in [][]/[][]/[][]
End [][]/[][]/[][]					End [][]/[][]/[][]	No <input type="checkbox"/>	Discharge [][]/[][]/[][]		Check out [][]/[][]/[][]
Start [][]/[][]/[][]					Start [][]/[][]/[][]	Yes <input type="checkbox"/>	Admission [][]/[][]/[][]		Check in [][]/[][]/[][]
End [][]/[][]/[][]					End [][]/[][]/[][]	No <input type="checkbox"/>	Discharge [][]/[][]/[][]		Check out [][]/[][]/[][]
Start [][]/[][]/[][]					Start [][]/[][]/[][]	Yes <input type="checkbox"/>	Admission [][]/[][]/[][]		Check in [][]/[][]/[][]
End [][]/[][]/[][]					End [][]/[][]/[][]	No <input type="checkbox"/>	Discharge [][]/[][]/[][]		Check out [][]/[][]/[][]
Start [][]/[][]/[][]					Start [][]/[][]/[][]	Yes <input type="checkbox"/>	Admission [][]/[][]/[][]		Check in [][]/[][]/[][]
End [][]/[][]/[][]					End [][]/[][]/[][]	No <input type="checkbox"/>	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

13. 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>14. Escort 1</p> <p>Given name <input type="text"/></p> <p>Middle name <input type="text"/></p> <p>Family name <input type="text"/></p> <p>Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Telephone <input type="text"/></p>	<p>15. Escort 2 (If patient is <18 years)</p> <p>Given name <input type="text"/></p> <p>Middle name <input type="text"/></p> <p>Family name <input type="text"/></p> <p>Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Telephone <input type="text"/></p>
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DVA Gold card holders are ineligible to claim through VPTAS – please contact DVA on 133 254

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 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 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 healthcare, transport and accommodation providers.

For information on the department's privacy policy, see the DH Consumer privacy information webpage <<https://www.health.vic.gov.au/publications/consumer-privacy-information-brochure-english-version>> 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 the DH Freedom of information webpage <<https://www.health.vic.gov.au/freedom-of-information>>.

Section E: Payment details

I have been paid via EFT before and my details are the same. Yes No
(if no, please complete the details below)

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

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