

Travel Diary Supplement

Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)

Registration number (IPR number)

- Patients must submit a registration form (Form A) if this is their first IPTAAS claim
- Patients are required to submit a completed application form for their first visit to a treating specialist. (Form C).
- For subsequent visits to the same specialist within a year of referral, the patient is only required to submit a travel diary signed by the specialist (or authorised representative) with receipts for travel by public transportation or accommodation.
- Claims may be submitted monthly but must be submitted within 12 months of each return journey or on completion of a block of treatment.

- A specialist form (Form C) must be completed and submitted 12 months after initial referral if treatment is ongoing or if referred to a different treating specialist or circumstances change (e.g. address, appointment location, requirement for an escort/carer etc).
- A personal contribution of \$40 will be deducted from the total benefits payable for each return journey, or weekly if claiming under the 200km per week cumulative distance criterion (not applicable to pensioners and Health Care Card Holders).
- **Patients requiring air travel are not able to claim using the Travel Diary and should submit a specialist form (Form C) on each occasion.**

PATIENT DETAILS (BLOCK PRINT) to be completed by/on behalf of the **patient**

Patient Name DOB Residential Address

Phone Number Tick if you are a Pension/Health Care Card Holder Tick if your approved escort/carer is a Pension/Health Care Card Holder

DECLARATION BY PATIENT AND/OR GUARDIAN
I can confirm that the information supplied is correct

Patient and/or Guardian Signature Date

SPECIALIST DETAILS (BLOCK PRINT) to be completed by either the **specialist** or their **authorised representative**

Specialist Name Provider number MBS no. /service

Treatment Period Covered to Escort/Carer Approved During Travel: Yes No Escort/Carer Approved During Treatment: Yes No

Travel Date	Travelled From (Suburb)	Travelled To (Suburb/Hospital)	Method of Travel (e.g. car, bus etc)	Start Date Treatment <u>or</u> Admission	End Date Treatment <u>or</u> Discharge	Signature of Specialist or Authorised Representative	Number of nights accommodation*

*Outside hospital, medically necessary accommodation only

