

Travel and accommodation reimbursement claim form

Interstate Patient Travel Scheme (IPTS)

IPTS Office Use. Claim number

Important information

- The standard processing time for an IPTS form is six to eight weeks
- The claim form must be lodged within six weeks of your return journey
- 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 IPTS claim forms for each specialist
- IPTS office is unable to guarantee eligibility prior to a full assessment of your claim.

About the scheme

The IPTS helps eligible Western Australians and an approved escort(s) who have to travel interstate for specialist medical treatment by subsidising their travel and accommodation costs.

For further information and current subsidy levels please refer to the IPTS website or contact the IPTS Office.

Am I eligible?

You are eligible if:

- You are a permanent Western Australian resident
- Have a Medicare Card or are covered under the Reciprocal Health Care Agreement
- You are receiving treatment at an eligible WA public health site
- You are unable to use telehealth to access the required specialist medical service
- You are not entitled to financial assistance through another scheme e.g. workers compensation, travel insurance, Department of Veterans' Affairs, or other insurance cover.

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 IPTS. No travel undertaken during a treatment period will be eligible for IPTS assistance.

Claims are ineligible if the patient:

- Is travelling on holidays or business, and reside in another state/territory
- Is a fly-in-fly-out (FIFO) contractor whose permanent residence is not in WA
- Have an accepted claim (or eligible to claim assistance) from a third party, for example workers compensation, travel insurance, Department of Veterans' Affairs, or other insurance cover
- Undertaking an inter-facility transfer or emergency aeromedical or ambulance transport
- Seeking a second opinion by a specialist without a medical referral
- Is participating in clinical trials and experimental procedures.

IPTS Office Use.
Received date

Contact us

Email:
ipts@health.wa.gov.au

Note: The IPTS office is unable to receive claims via fax.

Claim lodgement

Send your completed claim to:

**The Office of the
Chief Medical Officer
Department of Health
PO Box 8172
Perth Business Centre
Western Australia 6849**

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.

People travelling

P = Patient
E1 = Escort
E2 = Second Escort (if patient is under 18 years of age)
PE = Patient and Escort
PE2 = Patient and two Escorts

Trip type

S = Single (one way)
R = Return

Transport type

A = Aeroplane
T = Taxi
PV = Private vehicle
O = Other

Accommodation type

NFP = Not-for-profit accommodation (Ronald McDonald House)
FP = For profit accommodation (e.g. Hotel)

What do I need to attach?

- Original transport tickets, proof of payment for e-tickets or the traveller's copy of tickets or itinerary with cost breakdown where air travel has been undertaken are also required. Boarding passes alone do not contain sufficient information.
- Accommodation invoices and receipts to identify the patient's escort by name and specify dates of accommodation and be in alignment with the treatment period. EFTPOS and credit card receipts are **not classed** as an acceptable invoice.

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
Start DD/MM/YY	Hospital name Street address Suburb City Postcode	PE	R	A	Start DD/MM/YY	Yes <input type="checkbox"/>	Admission DD/MM/YY	FP	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 DD/MM/YY					Start DD/MM/YY	Yes <input type="checkbox"/>	Admission DD/MM/YY		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 DD/MM/YY					Start DD/MM/YY	Yes <input type="checkbox"/>	Admission DD/MM/YY		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 DD/MM/YY					Start DD/MM/YY	Yes <input type="checkbox"/>	Admission DD/MM/YY		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 DD/MM/YY					Start DD/MM/YY	Yes <input type="checkbox"/>	Admission DD/MM/YY		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

Section B: Patients details

(Complete in BLOCK CAPITALS and ✓ where applicable)

- Title Mr Mrs Miss Ms Other
- Given name
- Middle name
- Family name
- Gender Male Female Other
- Date of birth / /
- Are you of Aboriginal descent? Yes No
- Residential address
 Postcode
- Postal address
 Postcode
- Telephone or
- Email address
- Do you (the patient) have a current Pension Concession, Health Care or DVA card? Yes No
- Have you (the patient) made a previous claim for IPTS? Yes No
- How many return trips are you claiming on this claim form?
- 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 up to two escorts.

16. Escort 1

Given name
Middle name
Family name
Date of birth / /
Telephone

17. Escort 2

Given name
Middle name
Family name
Date of birth / /
Telephone

Section C: Approved medical specialist

Medical specialist 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/consultation date listed in Section A: Travel and accommodation diary
- This section is to be completed in full. Amendments will not be accepted
- Please email ipts@health.wa.gov.au if you require assistance

- Specialist's name (use specialist stamp here (if applicable))

- Type of specialist

- Specialist provider number

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

- 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 question 5a and the number of nights are not stated in 5b, only one night will be subsidised.

Confirmation by treating medical specialist

- Name

- Position

- Direct telephone number

- Email

- Signature

- 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 IPTS Office to process this claim.

1. Full name
2. Signature
3. Date / /

Privacy

The Department of Health WA is committed to protecting your privacy, in line with the *Privacy and Data Protection Act 2014, Health Records Act 2001* and the Patient Confidential Policy 2016.

We collect and handle personal information in this form for the purposes of administering and processing payments for your IPTS claim. If you choose not of 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 your health care, transport and accommodation providers.

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 by EFT before and my details are the same.
Yes No

(if no, please complete the details below)

Account name

BSB -

Account number

Checklist

Section A: Travel and accommodation diary

- All journey details are provided
 All receipts/invoices are attached for accommodation, flights

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

Section D: Consent and declaration

- Has been signed and dated by the patient or legal guardian

Note: The IPTS Office is unable to process a claim unless Section D is fully completed.

Section E: Payment details

- Correct address/bank details have been provided for EFT payment