

Victorian Patient Transport Assistance Scheme (VPTAS)

Guidelines 2015



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To receive this publication in an accessible format please phone the VPTAS Office on 1300 737 073, using the National Relay Service 13 36 77 if required, or email vptas@dhhs.vic.gov.au

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Scheme summary

The Victorian Patient Transport Assistance Scheme (VPTAS) helps Victorians who have to travel a long way for specialist medical treatment by subsidising their travel and accommodation costs. The scheme covers eligible Victorians and an approved escort(s) who have no option but to travel more than 100 kilometres one way or an average of 500 kilometres a week for one or more weeks to receive approved medical specialist services. These VPTAS guidelines set out the scheme's eligibility criteria, subsidy rates and conditions. Claim forms for the scheme are available from many medical clinics, rural and metropolitan hospitals and Department of Health & Human Services rural health regional offices, or can be downloaded from the Department of Health & Human Services website at <<http://go.vic.gov.au/1epXMN>>.

For further information or questions, patients, consumers, carers, clinicians or specialists should contact the VPTAS Office:

Telephone: 1300 737 073

Email: vptas@dhhs.vic.gov.au

Website: <<http://go.vic.gov.au/1epXMN>>

If you need assistance in a language other than English please telephone via the national Telephone Interpreter Service on:

Immediate phone interpreting: 131 450

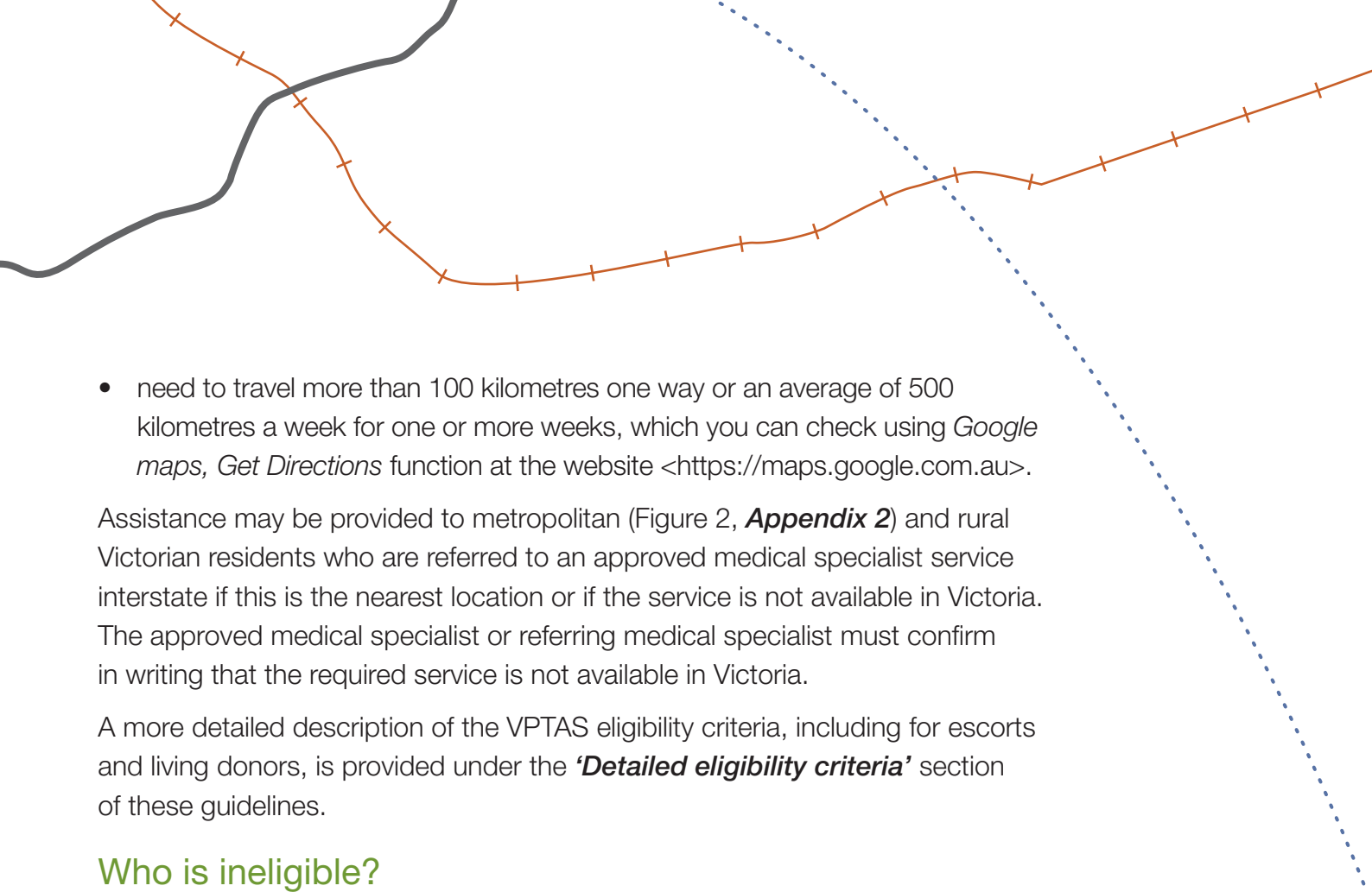
Pre-booked phone interpreter booking: 1300 655 081

Alternatively the VPTAS information is translated into 10 community languages on the above website.

Who is eligible?

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

- be a Victorian resident
- live in a Department of Health & Human Services designated rural health region as shown in Figure 1 (**Appendix 1**)
- be receiving specialist medical treatment from a medical practitioner who is registered with Medicare Australia as a specialist in a particular speciality under the *Health Insurance Act 1973* (Cwlth) as per Schedule 4 of the *Health Insurance Regulations 1975*

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- need to travel more than 100 kilometres one way or an average of 500 kilometres a week for one or more weeks, which you can check using *Google maps*, *Get Directions* function at the website <<https://maps.google.com.au>>.

Assistance may be provided to metropolitan (Figure 2, **Appendix 2**) and rural Victorian residents who are referred to an approved medical specialist service interstate if this is the nearest location or if the service is not available in Victoria. The approved medical specialist or referring medical specialist must confirm in writing that the required service is not available in Victoria.

A more detailed description of the VPTAS eligibility criteria, including for escorts and living donors, is provided under the **'Detailed eligibility criteria'** section of these guidelines.

Who is ineligible?

You are not eligible for VPTAS if you:

- are participating in a clinical trial or experimental treatment that aims to find a better way to manage a particular disease (for more information about what a clinical trial is refer to <www.australianclinicaltrials.gov.au/what-clinical-trial>)
- live in a state or territory other than Victoria (unless you are a living organ donor to a Victorian patient)
- are away from your permanent home when the treatment begins, such as on holidays or while visiting friends or family within Victoria or interstate
- are undertaking a journey to or from outside Australia for medical treatment
- are accessing allied health (for example, audiology, physiotherapy, podiatry or speech therapy)
- are travelling for general practitioner (GP) services
- are eligible to claim assistance under another state or territory or from a registered benefit organisation including the Department of Veterans' Affairs (refer to **Appendix 3** for information about other state or territory travel assistance schemes)
- were injured in a motor vehicle accident and are covered by the Transport Accident Commission
- were injured at work and are covered by WorkSafe
- have received or claimed damages or other payment for the illness or injury being treated.

Travel and accommodation assistance

If you meet the VPTAS eligibility criteria the following travel and accommodation subsidies apply:

- Private vehicle costs are reimbursed at a rate of 20 cents per kilometre.
- Public transport for patients and an approved escort(s) are eligible for fare reimbursement based on the cost of an economy fare or the relevant concession fare if travelling by rail, bus, coach or ferry.
- For patients and an approved escort(s) air travel for the cost of an economy fare or relevant discounted fare is provided if the journey from your home to the treatment location exceeds 350 kilometres one way and a commercial flight is used to travel to the most appropriate approved medical specialist.
- A patient and an approved escort(s) staying in commercial accommodation are each eligible for a maximum of \$41.00 per night excluding GST, or a maximum of \$45.10 per night including GST. This accommodation subsidy is only available if the patient and an approved escort(s) are eligible for travel assistance.
- Patients **who are not** a primary card holder of an approved pensioner concession card or health care card and are of 18 years of age or older will pay the first \$100 each treatment year.

For a more detailed list of travel and accommodation subsidies go to the ***'Travel assistance'*** and ***'Accommodation assistance'*** sections of these guidelines.

Submitting a claim

The VPTAS claim form is available from many doctors' clinics, rural and metropolitan hospitals and at your Department of Health & Human Services rural health regional office. To contact a rural health regional office go to <<http://go.vic.gov.au/P5Admf>>.

You can also follow the link to the form at <<http://go.vic.gov.au/1epXMN>>.

Lodging a VPTAS form

- Completed VPTAS claim forms must be lodged no later than 12 months from the approved medical specialist appointment.
- The claim lodgment date is the date the VPTAS office receives the VPTAS claim form. Any journeys outside this 12 month period are not eligible for VPTAS assistance.
- Original receipts or tax invoices for travel and accommodation need to be submitted with your claim form. Petrol receipts are not required.
- You must also complete the travel and accommodation diary on the claim form.
- You must ensure the information provided is true and correct and sign Section D of the VPTAS claim form.
- You may request that your payment be sent via electronic funds transfer (EFT) or by cheque.
- The medical specialist's details must be correctly completed on the claim form and the specialist or their authorising officer must sign the claim form.
- We recommend you keep a photocopy of all receipts and documents including your completed **VPTAS claim form** for your own records.

VPTAS claim forms will be processed within six to eight weeks.

Further information

Please read these guidelines and the examples provided under each of the eligibility criteria in the '**Detailed eligibility criteria**' section of these guidelines.

If you need more information please contact the VPTAS Office at:

PO Box 712

Ballarat VIC 3353

or

Telephone : 1300 737 073

Email: vptas@dhhs.vic.gov.au

Website: <<http://go.vic.gov.au/1epXMN>>

Principles of the scheme

- The scheme is intended to subsidise unavoidable costs for Victorians who have no option but to travel a long distance to receive essential medical specialist services from an approved medical specialist.
- The scheme is not intended to support choice of specialists. Patients should be treated as close to home as possible without compromising the quality and safety of the care provided. The scheme will not support the additional costs of travel if a patient makes a choice to travel beyond their closest specialist service.
- The scheme is promoted to rural Victorians, healthcare providers and medical specialist services.
- Information about the scheme, including all eligibility criteria and subsidy rates, should be available in an accessible way to all Victorians.
- The scheme is administered fairly based on consistent application of the VPTAS guidelines.
- The scheme is accessible to both those who have or do not have private health insurance.
- Subsidy rates will be reviewed on a regular basis.
- The scheme should adhere to the established service standards (see below).

Service standards

When processing a claim the VPTAS Office aims to ensure the following:

- All information provided will be verified and clarified, where possible, before rejecting a claim.
- Claimants are able to check the status of their claim at any time.
- Claimants have access to a fair, impartial and transparent review process.
- Complaints and requests for review are dealt with promptly and consumers are advised of the outcome in writing.
- Payments on successful claims are made, or claimants are advised that a claim is ineligible, within six to eight weeks of the claim being received.
- Privacy and confidentiality is respected and maintained.

Detailed eligibility criteria

To be eligible for assistance from the VPTAS, you must fulfil all of the following criteria.

Location

You must live in a Department of Health & Human Services rural health region. For a regional map refer to Figure 1 in **Appendix 1**.

If you live in a metropolitan region (**Appendix 2**) and need to travel interstate to see an approved medical specialist for treatment not available in Victoria, you may also be eligible for VPTAS assistance. The approved medical specialist or referring medical specialist must confirm in writing that the required service is not available in Victoria.

VPTAS assistance is also available to living organ donors from other Australian states or territories who travel to Victoria to participate in a transplant procedure for a Victorian resident. See the **'Transplants and living donors'** section for more information.

Examples

A patient living in Mildura is referred to Adelaide for specialist medical treatment because this is the nearest location that they can receive this particular treatment. *This patient **is eligible** for VPTAS assistance.*

A patient who lives in Prahran travels to Sydney for specialist medical treatment. *To **be eligible** for VPTAS assistance the treating specialist in Sydney or the referring specialist in Victoria needs to confirm in writing that this treatment is not available in Victoria.*

A patient living in Rye on the Mornington Peninsula is referred to St Vincent's Hospital for specialist medical treatment. *This patient **is not eligible** for VPTAS assistance because they do not live in a Department of Health & Human Services rural health region.*

Residency

To be eligible to claim VPTAS assistance you must be an Australian citizen, permanent resident or refugee, be living in Victoria at the time of the referral and at the time of receiving approved medical specialist services.

Your 'place of residence' is determined using your address on the electoral roll. Other documents that can confirm where you live include your driver's licence, health care card or a utility bill (for example, gas, electricity or water bill).

In the case of border or combined towns (such as Albury Wodonga), assistance under VPTAS will only be available if you live within the Victorian border. People living in New South Wales or South Australia should apply to the scheme operating in their own state. Refer to **Appendix 3** for the contact details for these schemes.

In the case of itinerant workers (workers who travel around), your place of residence is where you were staying when the relevant journey for approved medical specialist services began. If you have no fixed address, you must be able to show this to be eligible for assistance. This may be a letter from a welfare or social worker, health professional from the treatment location or your general practice clinic in support of you having no fixed address when you accessed specialist medical services.

Example

A child requires multiple treatment episodes at the Royal Children's Hospital. The child's parents live in different towns and share parenting responsibilities. *Each parent can lodge a separate VPTAS claim form for their child for journeys beginning from their residence. The child's residential address should be listed as the residence from which the journey began for each treatment episode.*



Distance

To be eligible for assistance you must have no option but to travel 100 kilometres or more one way from your place of residence to the most appropriate approved medical specialist service.

If you are admitted to hospital and family members or carers travel to visit you, this travel is not eligible for assistance.

Block treatment

You may also apply for assistance if you are travelling an average of 500 kilometres a week for one or more weeks. This is called 'block treatment'. You may choose to travel daily or stay in accommodation; in either case VPTAS travel assistance will be paid only for the days on which you attended an approved medical specialist service, equivalent to a return journey to and from your permanent place of residence.

Block treatment is only for patient travel. Block treatment does not apply if you are admitted to hospital and family members or carers travel an average of 500 kilometers for one or more weeks to visit you or to attend consultations and treatments with you.

Travel distance calculation

To calculate the most direct and simplest surface route between your permanent residence and the approved medical specialist service, the VPTAS Office uses *Google maps*, *Get Directions*. This determines whether the minimum distance criteria is met. You can also follow the links on our website at <http://go.vic.gov.au/1epXMN> to access Google maps.

Any deviations from the most direct and simplest surface route will not be recognised in measuring the distance travelled.

Examples

A patient living at 35 Armstrong Street South, Ballarat has an appointment with an approved medical specialist service at the Royal Children's Hospital in Melbourne. They will travel a distance of 116 km one way. *This patient is **eligible** for VPTAS travel assistance for the return journey of 232 km.*

Block treatment

A patient living in Woodend and attending an approved medical specialist service at the Royal Children's Hospital in Melbourne travels a distance of 67.5 km one way from their home.

One week they need to attend three appointments, so they travel a total of 405 km in three return journeys. *This patient is **not eligible** under the block treatment VPTAS travel criterion.*

Another week they attend four appointments with an approved medical specialist with their travel totalling 540 km. *For this period of travel, within one week, this patient is **eligible** under the block treatment VPTAS travel criterion.*

Approved medical specialist

To be eligible for the scheme you must be referred to the most appropriate approved medical specialist. An approved medical specialist is a medical practitioner registered with Medicare Australia as a specialist in a particular specialty under the *Health Insurance Act 1973* (Cwth) as per Schedule 4 of the *Health Insurance Regulations 1975* or:

- a registered medical practitioner providing specialist services in a hospital under the supervision of an approved medical specialist
- a registered dental practitioner providing specialist dental services of an oral surgery nature in the operating theatre of a hospital including an oral maxillofacial surgeon and registered orthodontists accredited under Medicare's Cleft Lip and Cleft Palate Scheme, or
- a dental practitioner registered with Dental Health Services Victoria providing services at the Royal Melbourne Dental Hospital as described on its Specialist Unit list. Refer to **Appendix 4** for the list of services.

Example

A patient is referred for physiotherapy treatment and must travel 120 km each way to attend appointments.

*Physiotherapists are not medical practitioners so they are not an approved medical specialist. This travel is **not eligible** for VPTAS assistance.*

Approved treatments

The following treatments and services are also approved for VPTAS assistance:

- hyperbaric treatment
- lymphoedema treatment at the Lymphoedema Clinic, Mercy Hospital, Melbourne
- paediatric dental services by a registered dental practitioner at the Royal Children's Hospital, Monash Children's Hospital (Monash Medical Centre) and the Women's and Children's Hospital (Adelaide).

Patients participating in clinical trials are **not eligible** for VPTAS assistance.

For more information about clinical trials refer to

<www.australianclinicaltrials.gov.au/what-clinical-trial>.

The VPTAS guidelines will be updated to include new treatments and services provided by approved medical specialists as they become available.

Example

A patient travels from their home in Horsham to Sydney to receive treatment with a new medication that is being tested under the guidance of an approved medical specialist service. The treating specialist confirms this particular clinical trial is not available in Victoria.

*This patient is participating in a clinical trial so would **not be eligible** for VPTAS assistance.*

Most appropriate approved medical specialist

In making referrals, GPs are expected to take into consideration your specific medical needs and minimise the travel required by referring you to the nearest approved medical specialist service to where you live.

Assistance may 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 or referring medical specialist must confirm in writing that the required service cannot be provided in Victoria.

If you meet all other VPTAS eligibility criteria but decide to travel beyond the nearest specialist, payment will **only** be made at the appropriate rate of travelling to the nearest approved medical specialist.

Example

A patient living in Warrnambool has received treatment from a local orthopaedic surgeon in the past. This patient now lives in Mallacoota and again needs to see an orthopaedic surgeon. They choose to return to the orthopaedic surgeon in Warrnambool for treatment.

*This patient is making a choice to travel beyond their nearest specialist service. They would **only** be eligible for VPTAS assistance for travel to the nearest approved medical specialist service from their residence in Mallacoota (if this journey was 100 kilometres or more one way).*

Patient escort

A person travelling with you to your appointment (called an 'escort') may also be eligible for subsidised travel and accommodation costs. The escort is responsible for your transport and accommodation needs during treatment. Only one escort is eligible for assistance under VPTAS, unless the patient is under the age of 18 years.

If the travelling patient is a newborn infant (up to six months of age) they are entitled to two escorts. Patients over six months of age and under the age of 18 years are entitled to up to two escorts (parents, guardians or family members) when the patient requires treatment or admission to a hospital over two or more consecutive days.

An approved escort must be:

- capable of providing assistance and responsible for your travel and accommodation requirements
- 18 years of age or older
- considered necessary by the approved medical specialist in Section C of the ***VPTAS claim form***
- accompanying you while travelling to or from your appointment, or both.

If the escort does not stay while you are receiving treatment but is required to transport you to or from home, they may be entitled to claim up to two return journeys when you are hospitalised. This also includes an accommodation subsidy for any nights they stay in commercial accommodation after transporting you to the treatment location and any nights in commercial accommodation before taking you home. Any other journeys that the escort makes while you are having treatment (including returning home) are **not** eligible for VPTAS assistance.

If you are **not** eligible for VPTAS assistance then your escort will not be eligible for VPTAS assistance.

Examples

A patient who is a Department of Veterans' Affairs gold card holder travels from Swan Hill to Melbourne for specialist medical treatment and is escorted by his son.

*As the patient is a Department of Veterans' Affairs gold card holder able to claim assistance from the Department of Veterans' Affairs, he is **not eligible** for VPTAS. Because the patient is not eligible for VPTAS neither is his son.*

An elderly patient accompanied by his wife travels 200 km one way to attend an appointment in Melbourne. Their daughter travels with them, as a carer for the wife and to drive the car.

*The patient **is eligible** for VPTAS assistance. Only **one person can be an escort** and eligible for VPTAS travel and accommodation assistance, if required – either the wife or the daughter. VPTAS assistance does **not** apply for the wife to be an escort and the daughter as the escort's carer.*

Escort to a new born infant

A newborn infant (up to six months of age) is entitled to up to two escorts. In the case of multiple births the second and subsequent newborns are entitled to only one additional escort.

In cases where the mother and newborn are hospitalised together, the mother is considered to be one of the newborn's escorts. If the mother has a medical condition and is unable to care for her newborn, the mother and the newborn may have separate escort(s). That is, one person as the escort for the mother and up to two escorts for the infant. The approved medical specialist must confirm in writing that the mother is unable to provide the necessary care for her newborn.

Example

A newborn infant is hospitalised immediately after birth, the mother (Escort 1) may still be in hospital herself and the father (Escort 2) may be in commercial accommodation nearby. The mother moves into commercial accommodation with the father when discharged, to be close to the baby. **Both the mother and father are entitled to an accommodation subsidy.**

If the father travels home on one or more occasions while the newborn infant remains in hospital, *these journeys would not be eligible for VPTAS assistance.*

When the baby is discharged from hospital and the father returns to pick up the baby and mother to travel home, *this journey is eligible for VPTAS assistance.*

Family support

You may be eligible for family support assistance if the approved medical specialist requires immediate family members (parents or guardians, partners and/or children) to participate in a medical treatment or consultation appointment with the approved medical specialist.

Family support does **not** include situations where family members, including an approved escort, travel:

- to visit you
- to bring clothes, medications or items requested by you
- between their or your home and the treatment location to upkeep the home, care for other family members, look after pets or return for work.

Appointment details requiring immediate family members' participation need to be confirmed in writing and must be signed by the approved medical specialist.

Example

A patient living in Yarram has an appointment with a psychiatrist at the Royal Children's Hospital. Her psychiatrist has requested in writing an appointment with members of the patient's family who she lives with. Attending will be her parents, brother, sister and grandmother. *The family's travel and accommodation to attend this appointment is eligible for VPTAS assistance.*

For an example of '**Family support**' documentation see **Appendix 5**.

Transplants and living donors

Rural Victorians required to travel to participate in a transplant – for example, receiving or providing an organ – are eligible for VPTAS assistance.

VPTAS assistance is also available to living organ donors from other Australian states or territories who travel to Victoria to participate in a transplant procedure where the recipient is a Victorian resident. This includes travel for donor screening, specialist assessment and transplant procedures.

Victorians travelling to other states or territories to donate an organ, where the donor is eligible for assistance from another state or territory's patient assistance scheme, are not eligible for VPTAS assistance. For information about patient travel assistance in other states or territories, refer to **Appendix 3**.

Deceased people

If a patient passes away either during travel to receive, or while receiving approved medical specialist services, an approved escort is entitled to VPTAS assistance for the trip home.

Accommodation costs are not claimable for the deceased person or an approved escort after the patient dies, with the exception of one additional night for an approved escort(s). If the claim was lodged for the deceased person's travel and accommodation services before they died, the eligible claim(s) will be made payable to the person's estate. The escort's payment will still be made directly to the escort if this was requested on the VPTAS claim form.

A deceased person's estate is not entitled to claim for the costs of transporting the person's body.

Any VPTAS reimbursement will be made via cheque and made payable to the estate of the deceased claimant, with the exception of subsidies for an approved escort(s).

Travel assistance

Modes of transport

Car travel

If a private vehicle is used, costs are reimbursed at a rate of 20 cents per kilometre, irrespective of engine capacity or the number of people travelling in the vehicle. This subsidy rate is based on average car running costs as determined by the Royal Automobile Club of Victoria (RACV) and includes fuel, tyres, servicing and maintenance.

Example

A patient drives by car from their home in Creswick to the Royal Melbourne Hospital for an appointment, a distance of 123 km. They return home the same day.

Total travel: 246 km

VPTAS travel assistance: 246 km × \$0.20 = \$49.20

Public transport

If you use public transport, you and an approved escort (if applicable) are eligible to be reimbursed for your fare based on the cost of an economy ticket or the relevant concession fare if travelling by rail, bus, coach or ferry. Original receipts, myki statements and/or tickets must be included with the claim form, including where free travel vouchers have been used. No subsidy is provided for free travel. If you choose to travel first class, the equivalent economy class fare will be reimbursed.

Myki

A myki smart card allows travel on Melbourne's trains, trams and buses, V/Line commuter train services and buses in Seymour, Ballarat, Bendigo, Geelong, the Latrobe Valley and Warragul. For more information visit the Public Transport Victoria website at <www.ptv.vic.gov.au> or telephone 1800 800 007 from 6am to midnight daily.

Registering your myki with Public Transport Victoria allows you to access your travel history online and print a tax invoice statement of travel, which can be included with your VPTAS claim form.

Myki reimbursements cannot be made where:

- only a receipt for myki top ups or card content reports are provided
- the myki statement of travel indicates a myki was not touched off correctly, and an additional fare has been charged
- the myki statement of travel is not provided for an escort and the escort's concession card holder status is unknown.

In these circumstances, a minimum travel fare amount will be calculated, if applicable, using the Public Transport Victoria myki fare calculators for metropolitan and regional travel.

For more information about myki visit the Public Transport Victoria website <www.ptv.vic.gov.au> or phone 1800 800 007.

Air travel

VPTAS assistance for air travel is only provided if the journey from your home to the treatment location is further than 350 kilometres one way and a commercial flight is used to travel to the most appropriate approved medical specialist.

When travelling by plane, you and your approved escort(s), if applicable, are eligible for fare reimbursement based on the cost of an economy fare or relevant discounted fare.

If you choose to travel first or business class, you will be reimbursed at the economy rate. Claims for air travel will only be reimbursed if an invoice, receipt e-ticket confirmation or an itinerary with cost breakdown is provided. Boarding passes alone do not contain sufficient information.

VPTAS assistance will not be provided if flights are taken as part of a frequent flyer or similar scheme, or where a charter flight is used.

If you choose to travel by air and a receipt, invoice or e-ticket confirmation showing the cost of the flight is not provided, reimbursement may be made at the per kilometre fuel subsidy rate.

Example

A patient living in Port Fairy drives 80 km by car from his home to the Portland Airport. He then flies to Melbourne and catches a taxi to the Royal Melbourne Hospital for an approved medical specialist service. He returns home the same way. Port Fairy is 289 km from Melbourne.

The patient would be reimbursed at the per kilometre fuel subsidy rate for a return road journey from his home to the Royal Melbourne Hospital because he lives less than 350 kilometres from the treatment location.

Taxi travel

A taxi is a metered vehicle that can be hailed or pre-booked. Taxi fares will only be reimbursed if you have no other means of transport available to travel from your permanent place of residence to the nearest public transport or from the public transport to your nearest most appropriate approved medical specialist.

Although similar to a taxi, a hire car is a pre-booked only service, so they cannot be hailed on the street or caught at a taxi rank. Hire cars do not have a meter and the cost of a trip is negotiated when you make your booking. If you choose to travel within Victoria using a hire car service and a receipt is provided, the VPTAS office will use the Taxi Services Commission's Fare Estimator to determine the equivalent taxi fare amount. Either the estimated taxi fare amount or the hire car fare will be reimbursed, whichever is the lesser amount. If no timestamp is listed on the receipt then midday will be used for the fare estimation. The Taxi Services Commission's Fare Estimator can be accessed online at <www.taxi.vic.gov.au/passengers/taxi-passengers/taxi-fares/taxi-fare-estimator>.

Original receipts for all taxi travel must be included with the claim form.

A receipt for taxi travel requires the following information: taxi ID, the driver's ID, the date of travel and the fare amount. If you choose to travel by taxi, and a receipt is either not provided or has insufficient information, or a hire car is used outside of Victoria, reimbursement may be made at the per kilometre fuel subsidy rate.

Example

A patient travelling from Warrnambool to Geelong catches a taxi to the train station in Warrnambool, a train from Warrnambool station to the Geelong train station and then takes a taxi to Barwon Health Services.

*This patient would **be eligible** for the cost of an economy train ticket from Warrnambool to Geelong (return) and then the taxi fares to both the Warrnambool train station and to Barwon Health Services (return).*

Community transport

Community transport services are provided by community sector organisations and local government. These services are not-for-profit transport and mobility support, developed to meet the needs of transport disadvantaged people in the local community.

In the case where community transport is used and a receipt or invoice is provided, costs are reimbursed at the rate charged or 20 cents per kilometre, whichever is the lesser amount.

Travel covered

Regardless of the mode of transport used, travel assistance is only provided for:

- travel directly between your home and the location of the approved medical specialist service
- return travel between the medical specialist service and your home.

Travel undertaken during a treatment period is not eligible for VPTAS assistance.

Example

A patient and approved escort stay near the treatment location in private accommodation for six nights while the patient attends a pre-operative appointment, an overnight admission and a post-operative appointment. The patient and approved escort travels to and from the treatment location multiple times throughout the week using myki and taxis.

*The myki and taxi trips to and from the accommodation and treatment location during the week are classed as travel undertaken **during** a treatment period and are **not eligible** for VPTAS assistance.*

Direct payment to travel providers

In situations where organisations make or supply travel arrangements on your behalf, you may ask that your travel entitlements are paid directly to that organisation. Under these circumstances, it is the responsibility of the organisation to ensure they are listed in Section E on the VPTAS claim form (**Appendix 6**) to receive reimbursement.

In the event that you are ineligible for VPTAS assistance, it is the responsibility of the organisation arranging or supplying the travel to follow up any unpaid travel accounts with you, not with the VPTAS Office.

Ineligible travel costs

VPTAS travel assistance will not be provided if:

- you travel by ambulance, air ambulance or an emergency support vehicle
- travel is undertaken as part of an inter-hospital transfer
- the travel relates to a deceased person
- a journey is made to or from outside Australia
- you are eligible to claim assistance under another state, territory or Commonwealth scheme (for example, Department of Veterans' Affairs) or from a registered benefits organisation
- an amount has been received or claimed by way of compensation, damages or other payment in respect to the illness or injury being treated
- injuries are sustained in a motor vehicle accident and are covered by the Transport Accident Commission
- injuries are sustained at work and are covered by WorkSafe
- family members, including escorts, visit you
- you incur additional travel costs, for example, car parking tickets or e-tag costs
- you use a rental car (rental car hire is not supported by VPTAS); in this instance only the fuel subsidy will be reimbursed at the per kilometre fuel subsidy rate
- you travel during a multiple treatment (medical specialist service) period, for example, between the location of the treatment and your accommodation while receiving the treatment.

Accommodation assistance

You and your approved escort(s) staying in commercial accommodation are each eligible for a maximum of \$41.00 per night excluding GST or a maximum of \$45.10 per night including GST. This accommodation subsidy is only available if you and your approved escort(s) are eligible for VPTAS travel assistance.

To be eligible for accommodation assistance the approved medical specialist must state on the VPTAS claim form (**Appendix 6**) that it is necessary for you and your escort(s) to be accommodated close to or at the location where you are receiving approved medical specialist services.

The approved medical specialist or authorised officer must specify on the claim form the number of nights of accommodation required in connection with the treatment episode(s) listed on the claim form.

If the cost of accommodation is less than the maximum subsidy rate, the lesser amount will be paid.

VPTAS accommodation assistance is not available while you are hospitalised. If applicable, however, accommodation assistance is available for an approved escort(s) while you are hospitalised.

Example

A patient has three journeys listed in Section A of their VPTAS claim form (the travel diary and accommodation diary). Each journey involves an overnight hospital admission and a two-night stay in commercial accommodation – the night before the admission for the patient and escort, and also the night of the admission for the escort. Tax invoices have been provided with the VPTAS claim form. The specialist has approved an escort in Section C of the VPTAS claim form and has approved one night of accommodation for the patient.

*Both the patient and escort **are entitled** to an accommodation subsidy for one night, and the escort is entitled to an additional night of accommodation when the patient is hospitalised overnight.*

Commercial and subsidised accommodation

You must stay in commercial accommodation to be eligible for the VPTAS accommodation subsidy. Commercial accommodation is accommodation that is registered as a business and has an Australian Business Number (ABN). Registered commercial providers, such as hotels, motels, caravan parks, apartments, flats and accommodation facilities associated with a health service, are considered to be commercial accommodation.

All original receipts or taxation invoices for commercial accommodation must be attached to the VPTAS claim form for the accommodation portion of the claim to be processed. An EFTPOS or credit card receipt is not an acceptable receipt. Commercial accommodation receipts and taxation invoices must be provided on letterhead and contain the following details:

- the name and address of the commercial accommodation provider or accommodation facilities associated with a health service
- the accommodation provider's ABN
- the name of the patient and/or approved escort(s) accommodated
- date(s) the patient and/or approved escort(s) were accommodated
- the cost of each person(s) (patient and/or approved escort(s)) accommodation per night
- the total cost of accommodation.

Receipts and tax invoices provided from the following places will be accepted as commercial accommodation provided they contain the information outlined above:

- short-term rental accommodation booked through a real estate agent or website such as stayz.com.au or airbnb.com.au
- accommodation booked through booking engines such as Agoda, Expedia, Wotif and lastminute.com.au.

Direct payment to accommodation providers

You may ask for your accommodation entitlements to be paid directly to the accommodation provider. Under these circumstances it is the responsibility of the accommodation provider to ensure they are listed in Section E on the **VPTAS claim form** to receive reimbursement.

In the event that you are ineligible for VPTAS assistance, it is the responsibility of the accommodation provider to follow up any unpaid accommodation accounts with you, not with the VPTAS Office.

Ineligible accommodation costs

VPTAS accommodation assistance **will not be provided** if:

- you and your escort(s) are not eligible for VPTAS travel assistance
- you are eligible to claim assistance under another state, territory or Commonwealth scheme (for example, Department of Veterans' Affairs) or from a registered benefits organisation
- an amount has been received or claimed by way of compensation, damages or other payment in respect to the illness or injury being treated
- injuries are sustained in a motor vehicle accident and are covered by the Transport Accident Commission
- injuries are sustained at work and are covered by WorkSafe
- you are a hospital inpatient
- you and your escort(s) stay in non-commercial accommodation (for example, with friends or family).

VPTAS accommodation assistance will not be provided if you choose to travel home and claim travel assistance during periods where an accommodation provider is reserving and charging for accommodation.

Completing the VPTAS claim form

To help you fill out the claim form and the additional travel and accommodation diary you may like to use the VPTAS claim form checklist. The VPTAS claim form, the VPTAS claim form checklist and additional VPTAS travel and accommodation diary forms are available at **Appendix 6** and at <http://go.vic.gov.au/1epXMN>.

VPTAS claim form

Separate claim forms should be lodged for each type of specialist you see at each location where approved medical specialist services are accessed. The approved medical specialist or authorised officer must complete all parts of Section C of the **VPTAS claim form** and sign on or after the last listed date of specialist services. If an additional travel and accommodation diary is attached to the claim form, it must also be signed on or after the last listed date of specialist medical services.

Example

A patient travels 105 km from Ouyen to Mildura to see a cardiologist. She is then referred to the Royal Melbourne Hospital in Melbourne 539 km away. She has three different appointments at the cardiology clinic a month apart and each time sees a different cardiology registrar, who all work under the same cardiology specialist. She is then referred to a radiologist at the Royal Melbourne Hospital for an MRI and returns to Melbourne three weeks later to attend her MRI appointment.

At least three separate VPTAS claim forms would need to be lodged with the VPTAS Office claiming travel:

- 1. for travel to the Mildura cardiology appointment*
- 2. for travel to the Melbourne cardiology appointments*
- 3. for travel to the Melbourne MRI appointment.*

Authorised officer

An authorised officer is a person who works with your medical specialist and can confirm your details and the approved medical specialist services received. An authorised officer can be a registrar, resident medical officer, intern, nursing unit manager, social worker, ward clerk or administration staff such as a receptionist. Your referring local general practitioner is not an authorised officer.

The authorised officer can sign a VPTAS claim form on behalf of the medical specialist, but the medical specialist's name and provider number must be provided. It is the responsibility of an authorised officer completing **Section C: Approved medical specialist**, to ensure all parts of this section are completed including approval of an escort(s) and approval of your accommodation, if applicable.

Example

An ophthalmology registrar completing **Section C: Approved medical specialist**, of the VPTAS claim form must list the consultant ophthalmologist's name and provider number before entering her or his own signature, name, position and dating the claim form.

Concession card holders

An approved primary card holder is the person detailed in the top left hand section of a pensioner concession card or health care card (Customer name in figure 1 below). Additional people listed on a pensioner concession card or health care card (partner, dependents or children) are not recognised as approved primary card holders. In these circumstances the non-concession card holder policy will apply.

Figure 1: VPTAS-approved concession cards



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 you will receive full VPTAS assistance for the remainder of that treatment year. A treatment year is defined as 12 months from the date of your first approved medical specialist service. If you have not made a claim through VPTAS for two years, a new treatment year will begin when you next receive approved medical specialist services.

Patients under the age of 18 years will not have the first \$100 deducted from their VPTAS reimbursements.

Example

A non-concession card holder patient lodges their first VPTAS claim form with the VPTAS Office on 1 June 2015 for treatment received on 1 October 2014, 1 November 2014 and 30 April 2015.

The \$100 would be deducted from their VPTAS reimbursements and their treatment year begins on 1 October 2014. No further deduction would occur until a claim form was lodged with treatment on or after 1 October 2015.

Changes to concession card status

A patient's concession status is determined at the time of the approved medical specialist service. Any changes to concession card status must be advised when you lodge your next VPTAS claim form.

If your concession card status changes, you will be assessed under the applicable concession card/non-concession card holder guidelines (see above) from the date your concession card status changed.

Time limit on claims

Completed VPTAS claim forms must be lodged no later than 12 months from the date of the approved medical specialist service listed on your claim form. The claim lodgment date is the date the VPTAS office receives the VPTAS claim form. Any journeys outside the 12 month lodgment period are not eligible for VPTAS assistance.

Example

A patient's VPTAS claim form is received at the VPTAS Office on 1 June 2015. The journeys being claimed took place on 2 March 2014, 31 May 2014 and 7 June 2014.

*The journeys on 2 March 2014 and 31 May 2014 are **not eligible** for VPTAS assistance because more than 12 months has passed from when the approved medical specialist services were received.*

Supporting documentation

You must attach relevant documentation to support your claim, for example, a supporting letter from the medical specialist. Valid receipts or tax invoices for travel and accommodation need to be submitted with your VPTAS claim form. Petrol receipts are not required. Bank statements and statutory declarations are not sufficient replacements if original documents and receipts are not provided. You will need to telephone the travel provider and/or accommodation provider to obtain a copy of the receipts to lodge with your claim form if applicable.

Unsuccessful or incomplete claims

You will be notified in writing explaining why your VPTAS claim was unsuccessful. If the VPTAS claim form is partly eligible, you will be notified of any unsuccessful elements in your 'advice to payee' document issued by the VPTAS Office.

If a VPTAS claim form is incomplete or documentation is missing, the VPTAS Office will contact you to let you know about sections that need to be completed and any documentation required for the claim to be assessed.

Examples

A patient lodges their VPTAS claim form and they have not completed
Section D: Patient consent and declaration.

The claim form will be returned to the patient to have Section D completed.

A patient lodges their VPTAS claim form and they have not completed
Section E: Payment details.

If the claim form is assessed as eligible, a cheque will be sent to the patient or the patient's listed escort if the patient is under 18 years of age.

Patient/legal guardian consent and declaration

VPTAS claim forms are assessed based on the information provided. Any information provided to assess eligibility for VPTAS assistance will remain confidential. When assessing your VPTAS claim it may be necessary to discuss your application with other relevant parties. This can include your medical specialist (or their authorised officer), the medical records unit of the hospital you attended, an accommodation/transport provider, or any other party as necessary. Your written consent and declaration must be signed in **Section D: Consent and declaration** of the claim form to permit the VPTAS Office to discuss your VPTAS application.

Only details that directly relate to your VPTAS application and information released from relevant parties to clarify issues about the application may be discussed.

You are required to sign a declaration that all the information provided is true and correct.

The patient consent and declaration Section D must be completed before a VPTAS claim can be processed.

Feedback: Complaints, compliments and reviews policy

The Department of Health & Human Services is committed to maintaining a high standard and continuously improving the VPTAS processes including providing a respectful and responsive complaints and review handling system for patients, consumers, carers, health professionals and the VPTAS Office staff.

The department wants to know how we can best manage the VPTAS to help rural Victorians to access the specialist medical services they need. By listening to you and learning about any concerns you may have about the VPTAS, this will help us to improve the process for all Victorians who need to use the scheme.

You can either request a review or provide feedback by making a complaint or giving a compliment about the VPTAS.

What is a complaint, compliment or review request?

A **complaint** is a registered expression of dissatisfaction with any of the services undertaken by the VPTAS Office.

A **compliment** is providing appreciation and positive feedback about any of the services undertaken by the VPTAS Office.

A **review request** is in relation to a specific claim you submitted to the VPTAS Office for travel and/or an accommodation subsidy for you or an escort(s).

If you are not happy with the outcome you receive from the VPTAS Office you can ask for this decision to be reviewed.

How to provide feedback or request a review

Anyone wishing to provide feedback (a complaint or compliment), ask about the outcome of a VPTAS claim or request a review is encouraged to contact the VPTAS Office:

Free call: 1300 737 073

If your issue or query cannot be resolved at this point you can lodge a written request for a review or lodge a complaint by following the process outlined below.

Lodging a complaint or request for review

All patients or their parent/legal guardian have a right to request a review of a claim decision made by the VPTAS Office or to make a complaint.

There is no charge or fee for lodging a review request or for making a complaint.

You need to lodge your feedback (complaint or compliment) or request for review:

1. **in writing**
2. **by post or email to the VPTAS Manager**
Posted to: **VPTAS Office**
PO Box 712
Ballarat VIC 3380
Emailed to: **vptas@dhhs.vic.gov.au**
3. **within three months** of receiving notification from the VPTAS Office that part or all of the claim has been declined, and
4. **with any additional information that will substantiate your request.**
You **do not** need to include your original claim, travel diary or receipts, which you have previously sent to the VPTAS Office.

Need assistance?

If you need help to make your review request or to provide feedback please telephone the:

VPTAS Office on: Free call 1300 737 073

If you need help in a language other than English please telephone via the national Telephone Interpreter Service on:

Immediate phone interpreting: 131 450

Pre-booked phone interpreter booking: 1300 655 081

Your complaint or request for review

A two-stage complaints and review process has been established to provide a fair and transparent process.

Stage 1

1. The VPTAS Manager will consider your complaint or review request against the VPTAS guidelines in operation at the time you put in your original claim. The VPTAS guidelines are available from <<http://go.vic.gov.au/1epXMN>>.
2. All complaints and/or requests for review will be acknowledged by mail within one week of receipt.

3. The VPTAS Manager will write to you about the outcome of your review or feedback within one month (30 days) of the request for review being received by the VPTAS Office.
4. Your privacy and confidentiality will be respected at all times in accordance with the Privacy Principles set out in the *Privacy and Data Protection Act 2014 (Vic)*, the *Health Records Act 2001 (Vic)* and the *Charter of Human Rights and Responsibilities Act 2006 (Vic)*.

Stage 2

1. If you have raised your concerns with the VPTAS Manager and are still dissatisfied with the outcome, you can send your feedback to the Department of Health & Human Services' Complaints Integrity and Privacy Unit. For more information refer to the department's complaints information website at <www.health.vic.gov.au/complaints>.
2. The Complaints Integrity and Privacy Unit is the department's central unit for managing complaints.
3. The Complaints Integrity and Privacy Unit will advise the VPTAS Office that your complaint has been received and will be investigated. A senior manager will review and investigate your concerns and the VPTAS Office's response.

You can submit your complaint to the Complaints Integrity and Privacy Unit by post, email or telephone.

Post to:	Email to:	Telephone free call:
Department of Health & Human Services Manager, Complaints, Integrity and Privacy Unit GPO Box 4057 Melbourne VIC 3000	complaints.reception@dhhs.vic.gov.au	1300 884 706

Going to the Victorian Ombudsman

1. If you are still unsatisfied with the outcome (both from the VPTAS Manager and the Complaints Integrity and Privacy Unit) you can lodge a complaint with the Victorian Ombudsman.
2. The Victorian Ombudsman is an independent officer of the Victorian Parliament. The Ombudsman's office investigates complaints about administrative actions taken by Victorian government agencies, including departments such as the Department of Health & Human Services and its VPTAS Office.
3. The Ombudsman will generally only accept a complaint after the department has responded to your complaint or review request (Stage 1 and 2).

You can contact the Victorian Ombudsman's office to discuss your issues or to submit a complaint at:

Post to:	Online at:	Telephone:
Victorian Ombudsman Level 1 North Tower 459 Collins Street Melbourne VIC 3000	www.ombudsman.vic.gov.au/ Complaints/Make-a-Complaint	9613 6222 or free call 1800 806 314 (regional and rural areas only)

Please note that generally complaints have to be submitted in writing to the Victorian Ombudsman.

Brochures to assist non-English speaking people who want to access the office of the Victorian Ombudsman are available in the 19 most common languages spoken in Victoria on the Translations page, which can be accessed at <www.ombudsman.vic.gov.au/translations>.

What happens to the information collected about complaints and reviews?

Investigating your complaint or request for review may involve sharing your personal information with other relevant areas within the Department of Health & Human Services to get to a resolution. Statistical information regarding complaints and suggestions is also used to improve the way the VPTAS Office processes travel and accommodation claims and to better understand rural Victorians' needs when travelling for medical specialist services.

Using your information for these purposes is carefully controlled to ensure it is done in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. You can find more information about the department's obligations and requirements for managing health records at <www.health.vic.gov.au/healthrecords> and about managing your personal information at <www.dataprotection.vic.gov.au>.

For information about contacting the Health Services Commissioner and the Commissioner for Privacy and Data Protection please go to the **'Privacy'** section (next).

Privacy

The VPTAS Office is committed to protecting your privacy.

Providing reimbursement to patients involves gathering and storing a large amount of personal and often highly sensitive information. Personal information refers to information that allows a person to be identified. It can appear in any form and be recorded in any way. Personal information may either be immediately identifiable (a patient's name) or potentially identifiable (a surname and suburb).

We collect and handle this personal information only for the purposes of administering and processing payments for VPTAS claims.

The VPTAS Office has a responsibility to protect personal information and ensure it is handled appropriately and only used for the purpose for which it was intended when collected.

The Information Privacy Principles set out statutory obligations for handling personal information. These apply to all public sector organisations and cover all stages of the information cycle, from collection to use, release and disposal of personal information. These principles ensure privacy is protected in a consistent way across the Department of Health & Human Services. The Information Privacy Principles are reflected in the department's privacy policy statement, which adopts the legislative principles as minimum standards.

To administer and process payments and reimbursements, we may disclose your personal information to external parties such as accommodation and transport providers.

If you have a grievance about information being released without your consent (or any other privacy complaint) you may take your concerns to the Commissioner for Privacy and Data Protection or you may complain to the Health Services Commissioner in relation to your personal health information.

If other legislation contradicts privacy law, the other legislation will win out. For example, if it was proposed to withhold information about a patient in accordance with the *Privacy and Data Protection Act 2014*, this information could not be withheld from the Victorian Ombudsman, where it is required by the *Ombudsman Act 1973*.

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*.*

Auditing

The Department of Health & Human Services reserves the right to conduct regular audits on all VPTAS claims. This includes, but is not limited to, accessing information from patients, escorts and approved medical specialists in relation to details provided on the VPTAS claim form.

For further information on the department's privacy policy, visit the privacy website at <www.dhhs.vic.gov.au/privacy>.

Health Services Commissioner

The Health Services Commissioner is contactable at:

Complaints and information	or write to:
Telephone: 1300 582 113	Health Services Commissioner
Fax: (03) 9032 3111	Level 26, 570 Bourke Street
E-mail: hsc@dhhs.vic.gov.au	Melbourne VIC 3000

Office of the Commissioner for Privacy and Data Protection

The Office of the Commissioner for Privacy and Data Protection (Privacy and Data Protection Victoria) is contactable at:

Telephone: 1300 666 444

Fax: 1300 666 445

Email: enquiries@privacy.vic.gov.au

Website: www.dataprotection.vic.gov.au

Located at:

Level 6, 121 Exhibition Street

Melbourne

or write to:

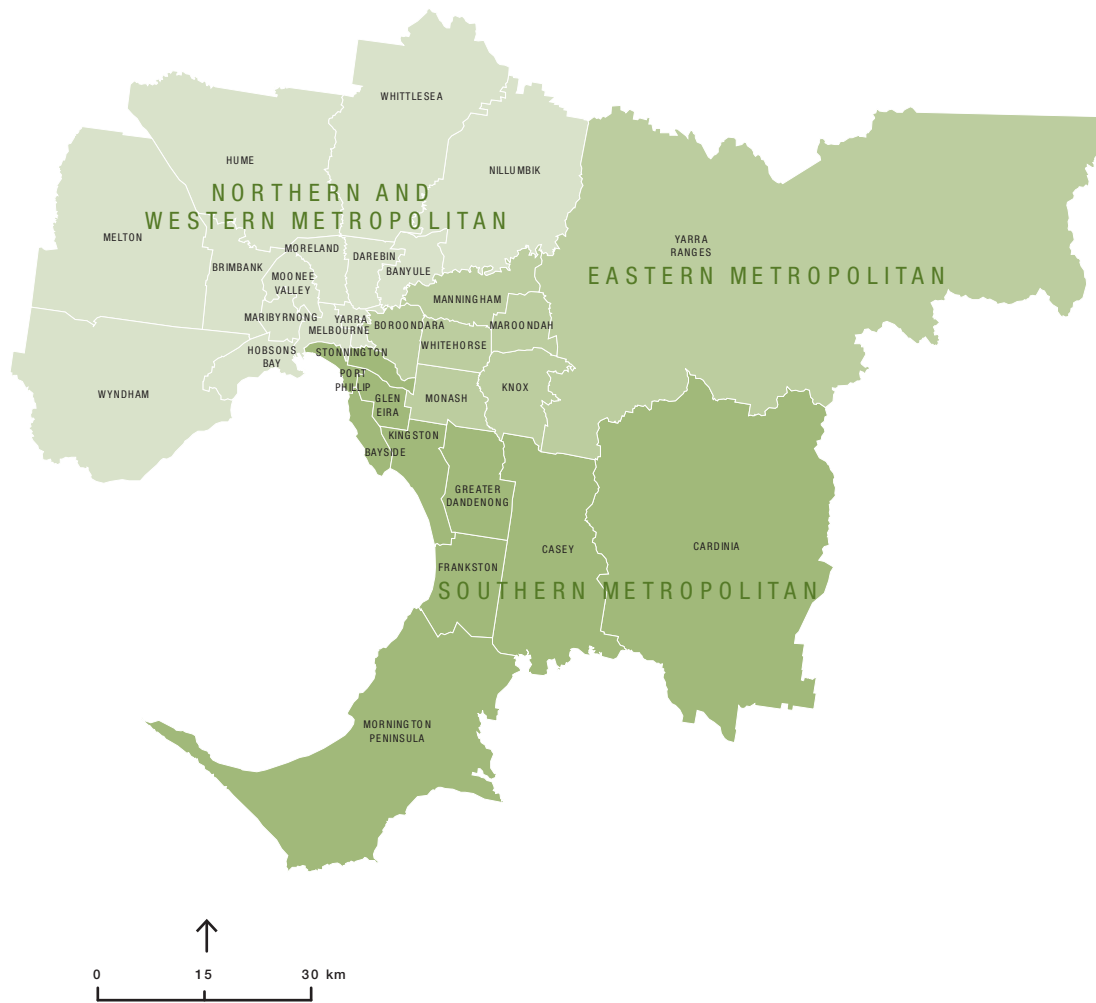
GPO Box 24014

Melbourne VIC 3001

- * For information about freedom of information (Fol) requests, visit the Department of Health & Human Services' website at <www.dhhs.vic.gov.au/privacy>.

Appendix 2: Victorian metropolitan (Melbourne) health regions

Figure 2: Department of Health & Human Services metropolitan map



Appendix 3: State and territory patient travel assistance schemes

Australian Capital Territory

Interstate Patient Travel Assistance Scheme

www.health.act.gov.au/consumers/interstate-patient-travel/

New South Wales

Isolated Patients Travel and Accommodation Assistance Scheme

www.enable.health.nsw.gov.au/iptaas

Northern Territory

Patient Assistance Travel Scheme

www.health.nt.gov.au/Hospitals/Patient_Assistance_Travel_Scheme

Queensland

Patient Travel Subsidy Scheme

www.health.qld.gov.au/ptss

South Australia

Patient Assistance Transport Scheme

<http://www.countryhealthsa.sa.gov.au/Services/PatientAssistanceTransportSchemePATS.aspx>

Tasmania

Patient Travel Assistance Scheme

www.dhhs.tas.gov.au/ambulance/ptas

Western Australia

Patient Assistance Travel Scheme

www.wacountry.health.wa.gov.au/index.php?id=pats

Appendix 4: Dental Health Services Victoria – specialist units

Dental Health Services Victoria provides clinical dental services at The Royal Dental Hospital of Melbourne and purchases dental services for public patients from community health agencies throughout Victoria.

Patients referred to Dental Health Services Victoria to receive specialist dental treatment must meet the Dental Health Services Victoria treatment eligibility criteria.

A practitioner working in a Dental Health Services Victoria specialist unit is a VPTAS-approved medical specialist.

Table 1: Specialist departments at The Royal Dental Hospital Melbourne

Endodontics	This specialist department diagnoses, prevents and treats disease or injury in the tooth roots and surrounding soft tissue. Root canal treatment is used to save a tooth that has been damaged due to decay, disease or trauma to the pulp of the tooth.
Integrated special needs	<p>The Integrated Special Needs department has a number of sub units that provide a range of dental assessments and treatments to patients with special needs including physical, intellectual, mental health, complex medical and geriatric issues. The Special Needs clinic offers:</p> <ul style="list-style-type: none"> • an external domiciliary service for housebound patients • a mobile Special Schools and Special Development Schools Dental Van service • oral health services for people who are homeless – provided at Ozanam House, North Melbourne • dental services for incarcerated youths at Melbourne Youth Justice Centre, Parkville.
Oral medicine	<p>This specialist department provides diagnosis, treatment and management of diseases and pain in the lips, cheeks, tongue and jaw.</p> <p>There are two branches to the Oral Medicine clinic. These are facial pain and temporomandibular joint disorders (TMD) and oral medicine – mucosal.</p>

Orthodontics	<p>This specialist department corrects teeth and jaw alignment problems using devices such as braces. The department also provides advice to referring practitioners for treatments they can provide, such as extractions.</p> <p>A dental professional must fill out the orthodontic referral form. It is also important for a patient's general dental care to be regularly maintained while they are waiting to access orthodontic care or during lengthy orthodontic treatment phases. Eligible patients can access subsidised general care through community dental clinics .</p>
Paediatric dentistry	<p>This service is for children and adolescents up to 16 years of age and manages complex preventive and therapeutic dental problems. Care may be offered within two different streams of paediatric dentistry clinics dependant on the reason for referral. For example, some children may have dental anomalies requiring specialist-level care, while others may have behavioural difficulties that make general treatment in the dental chair impossible for them.</p>
Periodontics	<p>This specialist department provides diagnosis, prevention and treatment of simple to severe periodontal (gum) disease.</p>
Prosthodontics	<p>This department specialises in oral conditions associated with missing or deficient teeth and/or the face and jaw. This includes the replacement of natural teeth with removable dentures, crowns, bridges, fixed implants and facial prosthetics.</p> <p>Patients have a major role in contributing to the long-term success of treatment provided in this clinic.</p> <p>The replacement of missing teeth is driven by three clinical principles:</p> <ul style="list-style-type: none"> • attainment of health <ul style="list-style-type: none"> – (no infection) • dental aesthetics to provide dignity for patients <ul style="list-style-type: none"> – (anterior teeth replaced) – (shortened dental arch) • sufficient numbers of teeth to provide function.

For more information contact **Dental Health Services Victoria:**

Telephone: 1800 833 039

Email: Enquiries@dhsv.org.au

Website: www.dhsv.org.au

Appendix 5: Family support letter

Family support form

Victorian Patient Transport Assistance Scheme (VPTAS)

Patients may be eligible for family support assistance:

- ✓ if the approved medical specialist requires immediate family members (parents or guardians, partners and/or children) to participate in a medical treatment or consultation appointment. In these circumstances the patient is deemed to be the primary patient receiving approved specialist medical services.

Family support does **not** include situations where family members, including an approved escort, travel:

- ✗ to visit a patient
- ✗ to bring clothes, medications or items requested by the patient
- ✗ between their or the patient's home and the treatment location to upkeep the home, care for other family members, look after pets or return for work.

About the patient

Note: The patient is the person listed in Section B: Patient's details on the accompanying VPTAS claim form

Given names

Family name Date of birth / /

Residential address

Suburb State Postcode

About the person required to participate in the same session as patient for a consultation or treatment

Note: A separate family support form is required to be completed for each person required by the specialist to attend the same session as the patient for a consultation or treatment

Full name

Relationship to patient Phone number

Residential address

Suburb State Postcode

Specific date(s) this person was required to attend consultations/treatment

Date / / Date / / Date / /

Date / / Date / / Date / /

Reason the above person is required to participate

Note: If the space here is not adequate, please attach a letter outlining the details

Treating medical specialist's signature Date / /

Full name

Type of specialist

Provider number Phone number

For more information contact the VPTAS Office on 1300 737 0733.

When completed send this **Family support form** together with your **VPTAS claim form** to the VPTAS Office.



Appendix 6: VPTAS claim form

VPTAS Office use. Claim Number:

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Travel and accommodation reimbursement claim form

Victorian Patient Transport Assistance Scheme (VPTAS)



Please note:

- The standard **processing time** for an eligible 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.

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.

VPTAS guidelines

Details about the subsidy levels and eligibility criteria are in the VPTAS guidelines. Follow the links from our website <<http://go.vic.gov.au/1epXMN>> or contact the VPTAS Office on 1300 737 073.

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
- ✓ 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.

To determine if the minimum distance criteria is met the VPTAS Office uses *Google maps, Get Directions*, which is accessible from <<http://go.vic.gov.au/1epXMN>>.

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
- ✗ 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**
- ✗ 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**.

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

- Either a cheque or EFT payment has been selected
- Correct address/bank details have been provided
- If any payments are for another provider their correct details are listed in Section E

Note: a more detailed checklist is available at <<http://go.vic.gov.au/1epXMN>>



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 and parking 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.

People travelling		Trip type	Transport type	Accommodation type					
P = Patient	A = Aeroplane	S = Single (one way)	G = Car	PV = Private					
E = Escort	T = Taxi/ Hire car	R = Return	EM = Air/road ambulance	Example: Staying with friends or family					
E = Second Escort (if patient is under 18 years of age)	P = Public Transport (V/Line, myki, Skybus)		V = Free rail voucher used	C = Commercial/subsidised					
P&E = Patient and Escort				Examples: Hotel, motel, caravan park					
Travel									
Journey	Where was treatment/consultation received? <i>(Provide full address of where treatment was received)</i>	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	P&E	R	C	Start DD/ MM/ YY	Yes	Admission DD/ MM/ YY	C	Start DD/ MM/ YY
End DD/ MM/ YY					End DD/ MM/ YY	No	Discharge DD/ MM/ YY		End DD/ MM/ YY
Start / /					Start / /	Yes	Admission / /		Start / /
End / /					End / /	No	Discharge / /		End / /
Start / /					Start / /	Yes	Admission / /		Start / /
End / /					End / /	No	Discharge / /		End / /
Start / /					Start / /	Yes	Admission / /		Start / /
End / /					End / /	No	Discharge / /		End / /
Start / /					Start / /	Yes	Admission / /		Start / /
End / /					End / /	No	Discharge / /		End / /
Start / /					Start / /	Yes	Admission / /		Start / /
End / /					End / /	No	Discharge / /		End / /

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

6. Date of birth / /

7. Are you of Aboriginal or Torres Strait Islander descent? Yes No

8. Residential address

9. Postal address Postcode

10. Telephone or

11. Email address

12. Do you have a current pension concession, health care or DVA card? Yes No

If 'Yes' a. Card number

b. Card expiry date / /

c. If DVA card Gold White Other

13. Have you 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.

16. Escort #1

Given name

Middle name

Family name

Date of birth / /

Telephone

17. Escort #2 (If patient is < 18 years)

Given name

Middle name

Family name

Date of birth / /

Telephone

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, nurse unit managers, social workers, ward clerks or administration staff such as reception staff.
- 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

5. Did the patient require accommodation? Yes No

6. 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:

7. Name

8. Position

9a. Direct Telephone

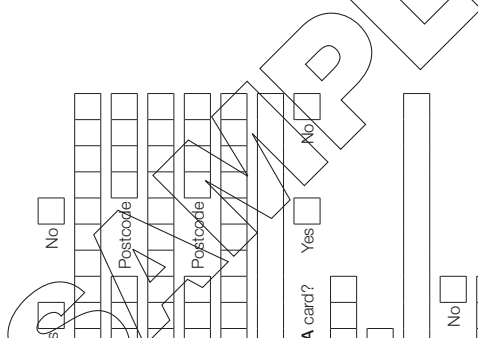
9b. Direct Facsimile

10. Email

11. Signature

12. Date / /

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



Glossary

<p>Approved medical specialist</p>	<p>An approved medical specialist is a medical practitioner registered with Medicare Australia as a specialist in a particular specialty under the <i>Health Insurance Act 1973</i> (Cwlth) as per Schedule 4 of the <i>Health Insurance Regulations 1975</i> or:</p> <ul style="list-style-type: none"> • a registered medical practitioner providing specialist services in a hospital under the supervision of an approved medical specialist • a registered dental practitioner providing specialist dental services of an oral surgery nature in the operating theatre of hospital, or • a dental practitioner registered with Dental Health Services Victoria providing services described on its Specialist Unit list.
<p>Approved patient escort</p>	<p>A patient escort is responsible for the patient's transport and accommodation needs during treatment and has been deemed necessary by the approved medical specialist.</p>
<p>Authorised officer</p>	<p>An authorised officer is a person who works with the approved medical specialist and can confirm the patient's details and the approved medical specialist services received. An authorised officer can be a registrar, resident medical officer, intern, nursing unit manager, social worker, ward clerk or administration staff such as a receptionist.</p> <p>The authorised officer can sign a VPTAS claim form on behalf of the medical specialist, but the medical specialist's details must be provided.</p>
<p>Block treatment</p>	<p>This is where a patient's travel is undertaken from their residence to the treatment location averaging 500 kilometres per week for one or more weeks. A 'week' refers to seven consecutive days and, not necessarily, Monday to Sunday.</p>
<p>Patient</p>	<p>This is the person travelling to attend a specialist medical service and applying for VPTAS assistance on the VPTAS claim form.</p>

Victorian Patient Transport Assistance Scheme (VPTAS) claim form	This is the VPTAS application form for travel and accommodation assistance. It is available at http://go.vic.gov.au/1epXMN .
Treatment year	A treatment year is defined as 12 months from the date of the patient's first approved medical specialist treatment or appointment.
Taxi	A taxi is a metered vehicle that can be hailed or pre-booked. Taxi travel can be eligible for VPTAS assistance.
Hire car	Although similar to a taxi, a hire car is a pre-booked only service, so they cannot be hailed on the street or caught at a taxi rank. Hire cars do not have a meter and the cost of a trip is negotiated when a booking is made. Hire car fares will not be reimbursed through the scheme, but the equivalent taxi fare may be reimbursed if applicable.

