



INFORMATION ABOUT THE PTSS

Purpose of the Scheme

Queensland Health's Patient Travel Subsidy Scheme (PTSS) provides assistance to patients who need to access essential specialist medical services, which are not available within their local area.

The Scheme may also provide a subsidy to assist people required to accompany the patient on medical grounds (the escort).

Eligibility

To be eligible, a patient must:

- Be a resident of Queensland;
- Hold or be eligible to hold a Medicare Card; and
- Be referred by a medical practitioner to a specialist medical service classified as "essential" under the Scheme.

The service to which a patient is referred must also:

- be at least 50km from their nearest public hospital; and
- be the nearest available specialist.

Patients requiring medical attention whilst interstate for work or holidays are not eligible for assistance.

Travel Assistance

If approved, assistance is provided towards the cost of the least expensive form of public transport covering travel from the transport terminal in the town of the patient's nearest public hospital, to the transport terminal in the town to which a patient has been referred.

Air travel is only considered when necessary for medical reasons.

Alternatively, a patient may choose to travel by private car. In these instances, a patient is subsidised at 15 cents per kilometre from the post office closest to their nearest hospital to the post office nearest to the hospital to which they were referred.

No assistance is provided for the cost of travelling between a transport terminal and a patient's residence, treating hospital, or approved accommodation provider.

Accommodation Assistance

Patients who hold specific concession cards or who are dependents younger than 17 years of age, receive assistance from the first night. All other patients and their approved escorts must each pay for the first four nights of accommodation per financial year.

If approved, assistance is provided up to \$30.00 per person per night for commercial accommodation and \$10.00 per person per night if a patient chooses to stay with friends or relatives.

In cases where long term accommodation is required, the approving hospital reserves the right to discuss options with the patient.

General Enquiries and Further Information

All applications to and enquiries about the Scheme must be forwarded to a patient's nearest public hospital.

Further information is available from Hospitals, Community Health Centres, and the Queensland Health internet site, <http://www.health.qld.gov.au>

HOW TO APPLY

1. A patient is referred by their medical practitioner to a specialist medical service that is not available locally.
2. The patient/guardian or carer completes Form A, and the referring Medical Practitioner completes Form B.
3. Prior to departure the patient/guardian or carer lodges Forms A and B at their nearest public hospital (the approving hospital).
4. The Medical Superintendent of the approving hospital assesses the application. If the patient is approved, hospital staff will notify the patient/guardian or carer and issue them with whichever forms they will require whilst the patient receives treatment. These forms may include:
 - Form C2: Approval Notice;
 - Form D1: Certification by Specialist;
 - Form D2: Recommendation for Patient to Return Home;
 - Form D3: Ongoing Specialist Treatment; and
 - Form E: Patient Declaration Form.
5. Form C2 is to notify a patient/guardian or carer of the specific assistance they will receive through the Scheme. This notification can also be used to prove eligibility under the Scheme to accommodation venues with direct billing arrangements with Queensland Health and lists contact details of the approving hospital.
6. Form D1 is to be taken by the patient/guardian or carer to the referred specialist medical service, where it must be completed after treatment by the treating specialist to whom they were referred.

Form D1 can also be used if the patient is receiving treatment over a longer period of time and needs to make a claim for reimbursement before completion of treatment. In these instances, the patient/guardian or carer should contact staff at their approving hospital to discuss.

The completed Form D1 must be returned to your approving hospital in order to claim your subsidy.

7. Form D2 is used in instances where a patient who has not had return travel booked is ready to return home or for patients where travel arrangements originally approved have changed as a result of their treatment.
8. Form D3 is only completed if ongoing specialist treatment is required. It is essential this form is completed by the treating specialist and returned to the patient/guardian or carer.

If Ongoing Specialist Treatment has been approved, a patient should remain in close contact with their approving hospital to ensure appropriate bookings are made, and all necessary paperwork is completed.

9. After treatment has been completed, the patient returns home. In order for a claim to be made for any reimbursement through the Scheme, a patient/guardian or carer is required to complete Form E and where relevant provide receipts from accommodation venues or privately funded travel. Form E is lodged at the patient's nearest public hospital. Payment made directly to patients/guardians or carers will be by cheque or Electronic Funds Transfer at the approving hospital's discretion.



FORM A – PATIENT DETAILS
Patient/Guardian or Carer Completes

THIS FORM MUST BE LODGED PRIOR TO TRAVEL.
ALL QUESTIONS MUST BE ANSWERED.

PATIENT DETAILS

1. Patient's full name

Title	Family Name (Surname)
<input type="text"/>	<input type="text"/>
Given Names	
<input type="text"/>	

2. Patient's date of birth

3. Patient's permanent residential address

<input type="text"/>
<input type="text"/>
City/Town
Postcode

4. Patient's postal address (if different)

<input type="text"/>
<input type="text"/>
City/Town
Postcode

5. Patient's telephone numbers

Home
Work
Mobile

6. Do you hold one of the following:

Medicare Card?

No
 Yes Card No.

Centrelink Card?

No
 Yes Card No.
Expiry Date

Department of Veterans' Affairs Card?

No
 Yes

Commonwealth Seniors Card?

No
 Yes

7. Do you identify as being of Aboriginal or Torres Strait Islander origin?

No
 Yes, Aboriginal
 Yes, Torres Strait Islander
 Yes, Aboriginal and Torres Strait Islander

8. Does this application relate to involvement in an accident?

No
 Yes

9. Have you lodged, or do you intend to lodge a Third Party or Workers Compensation Claim Form relating to this application?

No
 Yes

If a patient is entitled to receive compensation, from an Insurance Company, Workcover, etc, they may not be eligible for PTSS, or may be required to reimburse any PTSS subsidies they receive.

ESCORT DETAILS

TO BE COMPLETED WHERE A PATIENT'S REFERRING MEDICAL PRACTITIONER HAS RECOMMENDED A NEED FOR AN ESCORT.

10. Escort's full name

Title	Family Name (Surname)
<input type="text"/>	<input type="text"/>
Given Names	
<input type="text"/>	

11. Escort's telephone numbers

Home
Work
Mobile

DECLARATION

The information that I have provided is true and accurate at the time of application.

I give my permission for the approving hospital's Medical Superintendent to obtain information about my medical condition for the purpose of assessing my eligibility.

I give my permission for the approving hospital to forward my approval details (as per Form C2) to the treating hospital and/or accommodation provider when relevant.

I give my permission for the Certification by Specialist (Form D1) to be provided to accommodation providers where necessary to finalise billing arrangements.

Name (printed)

Signature of Patient/Guardian or Carer

Date

APPROVING HOSPITAL USE ONLY

PTSS No.:	<input type="text"/>
DISTRICT:	<input type="text"/>
COST CENTRE:	<input type="text"/>



FORM B – REFERRAL DETAILS
Medical Practitioner Completes

**THIS FORM MUST BE LODGED PRIOR TO TRAVEL.
ALL QUESTIONS MUST BE ANSWERED.**

REFERRAL DETAILS

1. Name of Patient

2. Patient diagnosis/Current condition

3. Reason for referral/Procedure required

4. Facility referred to
Facility
City/Town

5. Specialist referred to
Name
Speciality

6. Is this the nearest specialist for the patient to be referred to?
 No
 Yes ▶ Go to Question 8

7. If this is not the nearest specialist, give medical reasons for referral to this specialist?

Referrals to specialists that are not the nearest to a patient's place of residence is at the determination of the approving hospital's Medical Superintendent.

8. Appointment details
Date
Time

9. Patient status at referred facility
 Public Private

10. Recommended mode of travel
 Private Motor Vehicle
 Surface Transport (Rail or Bus)
 Air Transport ▶ Go to Question 11

11. Medical reasons for air travel?

Air travel is only approved under the PTSS based on medical grounds.

12. Will the Patient require accommodation?
 No ▶ Go to Question 13
 Yes
If Yes, please provide details (days/dates, etc)

13. Does the Patient have any special requirements?
 None Wheelchair
 Stretcher Ambulance
 Oxygen Drip
 Forklift Humidicrib
 Other ▶

14. Is an Escort (eg. spouse or partner) required to provide critical support to the patient?
 No ▶ Go to Question 17
 Yes

15. Please state medical reasons for an Escort to be considered

Escorts are only approved on medical grounds, (eg. patient requires oxygen, sedation, parenteral analgesia or for dependent children under 17).

16. In which of the following situations is an Escort recommended:
 Travel
 Duration of the entire In-Patient Stay
 Critical period of the In-Patient stay days
 Duration of the Outpatient Stay

MEDICAL PRACITIONER DETAILS

17. Name

18. Practice address and contact details

City/Town
Postcode
Telephone

DECLARATION
I certify that the information in Form B is correct and has been completed by me.

I give permission for the Medical Superintendent of the approving hospital to contact me regarding this referral.

Name (printed)

Signature of Medical Practitioner

Date