







What forms do I need to complete to access the Patient Travel Subsidy Scheme (PTSS)?

Step 1: Referral

If you received a specialist referral located more than 50km from your local public hospital or public health service complete these 3 forms:

For the patient to complete:

- Form A: Patient Registration
- Patient Vendor Banking Details form

Queensland Government Section A (patient or quardian / carer to commit	Patient Travel Subsidy Scheme (PTSS) Patient registration (Form A)
Updating existing patient details Title: Given name(s): Preferred name: Residential address:	Electronic Funds Transfer Payment Request Business Partner Number:
Postal address (if different from residential addres	Name: Previous surname: (if applicable)
	ABN (Business) or Date of Birth (Patient): Address:

For the referring doctor to complete:

Form B: Travel Referral form

	Queensland Government			Subsidy Scheme (PTSS eferral (Form B
Section A -	Patient details (patient or referring cl	linician to complete)		
Has the patient'	s details changed?			
Title:	Given name(s):	Family name:		Date of birth (DD/MM/YYYY)
Medicare number:		Expiry date (MM/YY):	Contact number:	
Are you of Abor	iginal and/or Torres Strait Islander origin? s, Aboriginal ☐ Yes, Torres Strait Islander	Yes, both Aboriginal and	Torres Strait	Islander
Section B -	Section B - Referral details (referring clinician to complete with details of treating specialist)			
. Travel referral	is valid for 12 months (subject to review at	any time)		

Submit these forms to any Queensland public hospital or public health service in person, via email, fax or post.

Step 2: Assessment

Your application will be assessed against the PTSS Guideline to decide eligibility or alternatives to travel.

You will be notified of the outcome of the PTSS application.

Step 3: Booking

When you know the date of your appointment, ask your local public hospital or public health service to help book your travel or for accommodation assistance.

If you choose to book your own travel or accommodation, remember to **keep all your tax invoices** to make a claim (see step 5).

Step 4: Attendance

When you are at your specialist appointment, ask them to complete FormC: Appointment attendance.

	Queensland Government	Арро	Patient Travel Subsidy Scheme (PTSS Appointment attendance (Form C		
Section A - Patient details (patient, HHS or specialist to complete)					
Title:	Given name(s):	Family nam	e:	Date of birth (DD/MM/YYYY):	
Home hos	pital:			Contact number:	
Patient es	cort details				
Title:	Full name:		Date of birth (DD/MM/YYYY):	Contact number:	
Section	B - Evidence (specialist to co	mplete)			

If you are staying with family or friends, complete and sign Form D:Accommodation confirmation.

Queensland Government	Accommod		Subsidy Scheme (PTSS I dance (Form D			
Section A - Patient details (H	HS to complete)					
Title: Given name(s):	Family name:	Family name:				
Section B – Accommodation details (HHS or accommodation provider to complete)						
Commercial accommodation	Commercial accommodation Private accommodation					
Accommodation facility name (if comm	ercial accommodation):	Contact person:	Contact person:			
Contact number: Fax num	ber: Email address:	Email address:				
Did the natient and / or escort stay a different number of nights than were approved?						

Keep this form until you are ready to make a claim in Step 5.

Step 5: Making a claim

To make a claim, you will need to gather your completed forms and submit to any Queensland public hospital or public health service in person, via email, fax or post:

☐ Form C: Appointment attendance

	Queensland Government	Арр	Patient Travel Subsidy Scheme (PTSS Appointment attendance (Form C			
Section A - Patient details (patient, HHS or specialist to complete)						
Title:	Given name(s):	Family nar	ne:	Date of birth (DD/MM/YYYY):		
Home hospital:			Contact number:			
Patient es	scort details					
Title:	Full name:		Date of birth (DD/MM/YYYY):	Contact number:		

If you booked your own travel, any relevant tax invoices If you stayed with family or friends, Form D:Accommodation confirmation

Patient Travel Subsidy Scheme (PTS Government Accommodation attendance (Form						
Section A	Section A – Patient details (HHS to complete)					
Title:	Given name(s):	Family name: Identification number:			
Section B – Accommodation details (HHS or accommodation provider to complete)						
Commer	cial accommodat	ion Private accommoda	ition			
Accommodation facility name (if commercial accommodation): Contact person:						
Contact number: Email address:						
Did the natio	ent and / or escor	t stav a different number of n	ights than were approved	12 TYes TN		

For more information visit:

www.health.qld.gov.au/ptss or call 13 HEALTH (13 43 25 84)
Contact your local travel office at your local public hospital or public health service.
Open your smart phone's camera and point it at the QR code.





