

Step 1: Referral

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

For you to complete:

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

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

For your referring doctor to complete:

Form B: Travel Referral form

| ×8 | Queensland Government | , | Patient Travel Subsidy Scheme (PTS Travel referral (Form | | |
|------------------|---|--------------------------------|---|--------------------------|--|
| Section | A – Patient details (patient or referring | clinician to complete) | | | |
| Has the p | atient's details changed? | | | | |
| Title: | Given name(s): | Family name: | | Date of birth (DD/MM/YYY | |
| Medicare number: | | Expiry date (MM/YY): | Contact nu | Contact number: | |
| Are you o | f Aboriginal and/or Torres Strait Islander origin′ ☐ Yes, Aboriginal ☐ Yes, Torres Strait Island | eler Yes, both Aboriginal a | nd Torres Strai | t Islander | |
| Section | B - Referral details (referring clinician | to complete with details of tr | eating special | iet\ | |

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

Step 2: Assessment

We'll look at your application against the PTSS Guideline to see if you are approved or if there are other options for your travel.

We will have a yarn with you about the outcome of your PTSS application.

Step 3: Booking

When you know the date of your appointment, yarn with 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, **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 Form C: Appointment attendance.

| + | Queensland Government Section A – Patient details (patient, HHS or spec | | Patient Travel Subsidy Scheme (PTSS) Appointment attendance (Form C) | | | |
|---|---|-------------------------------------|---|-----------------------------|-----------------------------|--|
| l | Title: | Given name(s): | Family nam | 0: | Date of birth (DD/MM/YYYY): | |
| | Home hospital | | | | Contact number: | |
| Ì | Patient escor | t details | | | | |
| | Title: | Full name: | | Date of birth (DD/MM/YYYY): | Contact number: | |
| | Section B - | - Evidence (specialist to complete) | | | | |

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

| G G | Queensland sovernment | | | ommodat | | Subsidy Scheme (PTSS dance (Form D |
|--|---------------------------------|------------------------|--------|---------------------|-----------------|---------------------------------------|
| Section | A – Patient de | tails (HHS to complete |) | | | |
| Title: [± | Given name(s |): | 1 | Family name: | | Identification number: |
| Section | B – Accommo | dation details (ннs | or acc | commodation provide | r to complete) | |
| Comme | rcial accommodat | ion Private accomm | odatio | on | | |
| Accommodation facility name (if commercial accommoda | | | dation | n): | Contact person: | |
| Contact nu | imber: | Fax number: | E | mail address: | | |

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 and submit your forms to any Queensland public hospital, public health service, or Indigenous Liaison Officer in person, via email, fax or post:

☐ Form C: Appointment attendance

| Queensland Government | | Appo | Appointment attendance (Form C | | | |
|--------------------------|-------------------------------|---------------------------|--------------------------------|----------------------------|--|--|
| Section | A - Patient details (patient, | HHS or specialist to comp | olete) | | | |
| Title: | Given name(s): | Family name |): | Date of birth (DD/MM/YYYY) | | |
| Home ho | spital: | | | Contact number: | | |
| Patient e | scort details | | | | | |
| Title: | Full name: | | Date of birth (DD/MM/YYYY): | Contact number: | | |
| Section | B - Evidence (specialist to c | omplete) | | | | |

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



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.





