User guide

Patient Travel Subsidy Scheme (PTSS)

Patient registration (Form A)

Use this step-by-step-guide to register for the Patient Travel Subsidy Scheme (PTSS). The purpose of this form is to register or update patient details in the PTSS system. This form only needs to be completed once, unless updating existing patient details. ***This form is not an application for PTSS.***

Section A

Please provide the patient's personal details.

The preferred name is only required if it differs from the patient's given name.

Preferred contact person, if different from the patient (e.g. parent, guardian, carer, etc.).

Please provide the preferred way for contacting the patient.

Section A (patient or guardian / carer to complete)

☐ Updating existing patient details

Title:	Given name(s):	Family name:
Preferred name:		Date of birth (DD/MM/YYYY):
Residential address:	Suburb / Town:	Postcode:
Postal address (if different from residential address):	Suburb / Town:	Postcode:
Mobile number (or landline, if mobile not available):	Email address:	

Are you of Aboriginal and / or Torres Strait Islander origin?
☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander

Preferred contact person (if different from patient):	Relationship:
Mobile number (or landline, if mobile not available):	Email address:

How would you like us to contact you? (You may select more than one option)
☐ Text message ☐ Email ☐ Phone ☐ Mail

Section B

This section must be completed.

To be eligible for PTSS you must be eligible for a Medicare card.

Section B (patient or guardian / carer to complete)

• A Medicare card number is required to be eligible for PTSS.

Medicare number:	Expiry date (MM/YY):

Please tick if any of the following apply to you:

☐ Department of Veterans Affairs	Card number:	Expiry date (DD/MM/YY):	Card type (e.g. gold):
☐ Healthcare card	Card number:	Expiry date (DD/MM/YY):	
☐ Pensioner concession card	Card number:	Expiry date (DD/MM/YY):	
☐ Commonwealth Seniors card	Card number:	Expiry date (DD/MM/YY):	

Section C

This form needs to be signed by the patient or their guardian/carer.

Section C (patient or guardian / carer to complete)

The information provided is true and accurate at the time of application. I give my permission for Hospital and Health Service staff to obtain information about my / my child's / my ward's medical condition for the purpose of administering my application and to disclose relevant information, including a copy of this form, to approved travel / accommodation providers for the purpose of administration of the Patient Travel Subsidy Scheme (PTSS). I understand that I must keep copies of receipts / invoices for accommodation and transport, and may be asked to provide these to Hospital and Health Service staff.

Patient (if 18 years or over) or Guardian / Carer (if under 18 years) signature:	Date (DD/MM/YYYY):
Guardian / Carer name:	Contact number:

*To apply for PTSS please fill out the **Travel application (Form B).***
*To confirm your attendance at an appointment please fill out the **Appointment attendance (Form C).***