







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 50 km 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 guardian / carer to communication)	Patient Travel Subsidy Scheme (PTSS) Patient registration (Form A)
Updating valent deals Title: Given name(s): Preferred name: Residential address:	Electronic Funds Transfer Payment Request Business Partner Number:
Postal address (if different from residential addre	Name: Previous surname: ((f applicable) ABN (Business) or Date of Birth (Patent): Address:

For the referring doctor to complete:

☐ Form B: Travel Referral form

Queensland Patient Travel Subsidy Scheme (PTS Government Travel referral (Form					
Section A	Section A – Patient details (patient or referring clinician to complete)				
Has the patie	Has the patient's details changed?				
Title:	Given name(s):	Family name: Date of birth (DD/MM/YY		Date of birth (DD/MM/YYY)	
Medicare number: Expiry date (MM/YY): Contact number:					
Are you of A	Are you of Aboriginal and/or Torres Strait Islander origin? No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander				

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 Form C: Appointment attendance.

	Queensland Government	Арро	Patient Travel Subsidy Scheme (PTS 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 hos	pital:			Contact number:	
Patient es	scort details				
Title:	Full name:	Full name:		Contact number:	
Section	B - Evidence (specialist to c	omplete)			

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

Queensland Government			Accommodation attendance (Form		
Section	A – Patient de	tails (HHS to complete)			
Title:	Given name(s):	Family name:		Identification number:
Section B - Accommodation details (HHS or accommodation provider to complete)					
Comm	Commercial accommodation				
Accommodation facility name (if commercial accommodation): Contact person:			Contact person:		
0	umber:	Fax number:	Email 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 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			Patient Travel Subsidy Scheme (PTSS Appointment attendance (Form C			
Section	A - Patient details (patient,	HHS or specialist to co	mplete)			
Title: [±	Given name(s):	Family na	me:	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:		
Castian	B - Evidence (enecialist to or	tetel				

If you booked your own travel, any relevant tax

If you stayed with family or friends, Form D:Accommodation confirmation

	Queensland Government	Ac	Patient Travel Subsidy Scheme (PTS Accommodation attendance (Form D		
Section	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)					
Comme	Commercial accommodation				
Accommodation facility name (if commercial accommodation): Contact person:					
Contact nu	umber:	Fax number:	Email address:		
Did the nationt and / or escort stay a different number of nights than were approved?					

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.





