User guide – Travel referral (Form B)

Use this step-by-step-guide to the Travel referral (Form B) to apply for the Patient Travel Subsidy Scheme (PTSS). Parts of this form need to be completed by the clinician referring the patient. Information provided in this form will be used to determine the patient’s eligibility for PTSS and their subsidy amount.

To update personal details the **Patient registration (Form A)** needs to be filled out. Please provide the patient’s personal details.

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Section A

1. **Section A - Patient details** (patient or referring clinician to complete)
   - Has the patient’s details changed? [ ] Yes [ ] No
   - Name(s)
   - Date of birth (DD/MM/YY)
   - Medicare card number
   - Expiry date (MM/YY)
   - Contact number

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Section B

2. This section needs to be completed by the clinician referring the patient.
   - All fields need to be completed.

3. **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)
   - Treatment facility name
   - Treatment facility address
   - Suburb / Town
   - Postcode
   - Medical condition (include reason for referral)
   - Is this the patient’s closest specialist? [ ] Yes [ ] No
   - If no, provide reason
     - Interstate
     - Private patient
     - Clinical trial
     - Patient has lodged / intends to lodge a third party or Workers Compensation Claim regarding this treatment

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Section C

4. **Section C - Reason for travel** (referring clinician to complete)
   - If available, has telehealth been considered for this appointment? [ ] Yes [ ] No
   - Appointment type:
     - Admission - New
     - Review
     - Outpatient - New
     - Review
   - This condition may require ongoing travel for appointments? [ ] Yes [ ] No
   - Appointment / Admission:
     - Date (DD/MM/YYYY)
     - Time (HH: MM)
     - Clinically recommended mode of travel:
       - Private motor vehicle
       - Air
       - Bus
       - Rail
       - Ferry
       - Charter
   - Weight of patient (kg) - for charter flights only
   - Clinical reason for selected mode of travel (based on patient’s circumstances):
     - Patient has wheelchair
     - Patient has oxygen cylinder
     - Patient has a disability
     - English is not the patient’s first language

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5. **Further details on travel requirements**

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To register or update a patient’s personal details please use the **Patient registration (Form A)**.
To confirm patient attendance at an appointment please fill out the **Appointment attendance (Form C)**.
Section C

6. Further details on travel requirements can also be provided in this section such as accessibility requirements, restrictions to travel based on mode or distance, or if the patient requires assistance when travelling.

Section D

7. This section needs to be completed by the clinician referring the patient. This section should include any further details to support the patient’s need for accommodation, including any further accommodation requirements.

Section E

8. This section needs to be completed by the clinician referring the patient.

9. The clinical reason for an escort needs to be completed.

Section F

10. Signature to certify information and acknowledgment of possible sharing of information. Clinician or representative must sign this form as they are providing medical advice relating to the patient.

To register or update a patient’s personal details please use the Patient registration (Form A). To confirm patient attendance at an appointment please fill out the Appointment attendance (Form C).