

# Travel and Accommodation Subsidy Application Information Sheet

## About the scheme

The VPTAS assists eligible Victorians when required to travel long distances to access specialist healthcare. Subsidies for both travel and accommodation costs are available.

Patients living in rural and regional zones may be eligible for subsidy support when they are required to travel over 100 kilometres one way or over 500 kilometres in a seven-day period to attend a specialist service.

All Victorians, including patients living in metropolitan zones, may be eligible for subsidy support to access specialist services interstate, when the service is not available in Victoria.

To understand eligibility requirements, please refer to the [VPTAS guidelines on the website](https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas) <<https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas>>.

## What travel is subsidised?

Only travel that meets the required distance criteria and occurs between the patient's residence and the treatment location and return is eligible for VPTAS assistance.

## What accommodation is subsidised?

Stays in commercial accommodation that are approved by your specialist.

## What invoices are required?

Accommodation, community transport, flights, taxis and non-Public Transport Victoria receipts such as Skybus, non-V/Line trains and buses.

## How do I apply?

An email address must be provided for claim processing



**Option 1 Portal (accessed via myGov): Victorian Concessions and Allowances VPTAS online portal** <<https://portal.concessionsandallowances.vic.gov.au/patient-transport-dashboard>>



**Option 2 Email:**  
[vptas@health.vic.gov.au](mailto:vptas@health.vic.gov.au)



**Option 3 Post:**  
VPTAS  
GPO Box 4057  
Melbourne VIC 3001

## Completing and submitting a claim on behalf of a patient

You can submit a claim on behalf of another person in the following circumstances:

- if you are the parent/guardian of a child or dependent
- if you have legal responsibility for an adult such as power of attorney

If lodging a claim on behalf of another person, the **applicant detail section and declaration must be completed**. Evidence of your relationship may be requested.

## Why is your Aboriginal or Torres Strait Islander descent and gender information collected?

Data collection of Aboriginal and Torres Strait Islander people and gender assists to inform policy, planning and provision of appropriate and improved services. Your provision of this information is optional and voluntary.

## Do I need to complete an application form?

- 1. If submitting via the myGov Victorian Concessions and Allowances VPTAS online portal** <<https://portal.concessionsandallowances.vic.gov.au/patient-transport-dashboard>> use the **Specialist Confirmation Form**.
- 2. If submitting via email or mail** please complete all sections on the **VPTAS Application Form**, including the declaration on the final page.
- 3. Flight Confirmation Form:** For patients accessing flights for travel, an additional **flight confirmation form** must be completed and submitted with each flight claim.

All forms are available on the **VPTAS website** <<https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas>>

## Contact us:

**Telephone:** 1300 737 073  
**Email:** [vptas@health.vic.gov.au](mailto:vptas@health.vic.gov.au)

## Accessibility

If you would like to receive any of the application forms in an accessible format, please email the VPTAS office at [vptas@health.vic.gov.au](mailto:vptas@health.vic.gov.au)

Victorian Patient Transport Assistance Scheme (VPTAS) – Application Form  
**Section 1: Patient Details – to be completed by the patient or applicant**



Please ensure you refer to the VPTAS application information sheet and other information available on the VPTAS website to assist you in completing your application

**Who is completing the form?**

Choose one of the following:

**I am the patient**

*(complete the patient details below)*

**I have legal responsibility to complete the claim on behalf of the patient**

*(complete the patient details below and applicant details in Section 2)*

**Patient Details**

1. **First Name**

2. **Middle Name** (optional)

3. **Last Name**

4. **Date of Birth**  /  /

5. **Residential address**

Street number and name

Town/City/Suburb

Postcode

6. **Phone number**

7. **Email address**

8. **Are you of Aboriginal and Torres Strait Islander descent?**

No      Yes, Aboriginal      Yes, Torres Strait Islander

Yes, both Aboriginal and Torres strait Islander      Prefer not to say

9. **Gender**      Woman      Man      Non-binary

None of the above, I use a different term      Prefer not to say

10. **Concession Card details (please tick if applicable)**

Pensioner Concession Card      Commonwealth Seniors Health Card      Health Care Card

\*Department of Veterans Affairs Card (DVA)      \*DVA White/Blue cards only, Gold card holders are ineligible

11. **Centrelink CRN or Veteran Affairs File Number**

12. **Did the patient require a support person?** Please tick if support person 1 is same as applicant

Support person 1 name

\*Support person 2 name

*(\*Two support persons only eligible in certain circumstances)*

By completing and submitting this form I confirm the support person(s) is an adult, or a parent/guardian, or carer and the support person travelled with the patient to provide necessary assistance. For patients over the age of 18, the treating specialist must confirm the need for a support person in section 2.

Victorian Patient Transport Assistance Scheme (VPTAS) Application Form  
**Section 2: Applicant and Payment Details – to be completed by the applicant**

**Applicant Details**

1. **First Name**

2. **Middle Name** (optional)

3. **Last Name**

4. **Date of Birth**  /  /

5. **Residential address**  
 Street number and name   
  
 Town/City/Suburb   
 Postcode

6. **Phone number**

7. **Email address** (must be provided)

8. **Relationship to Patient** (please tick one of the following)

Parent/Guardian (of a child or dependent)

Legal Guardian of an adult

By completing and submitting this claim, I confirm that I am legally authorised to do so and understand that I may be required to provide supporting evidence upon request by the Department of Health.

**Payment Details**

**Payments can only be made to the following:**

- patient
- an applicant completing the claim on behalf of the patient
- service providers

**Who is receiving the payment?** (tick all that apply)

Payments can only be made to the following:

Patient     Applicant     Service provider

**Patient or Applicant Bank Account Details**

**Please pay into this bank account for:**

Travel and/or  Accommodation

Bank Name

Account Name

BSB  –

Account Number

**Payment to Service Providers**

**I authorise payment to the following service provider for:**

Travel and/or  Accommodation

Full Business Name

Contact Person

Phone number

Email



This section is **not to be completed** by the patient or applicant

Only this completed section is required for submission via the myGov [Victorian Concessions and Allowances VPTAS online portal](https://portal.concessionsandallowances.vic.gov.au/patient-transport-dashboard) <https://portal.concessionsandallowances.vic.gov.au/patient-transport-dashboard>

**Who is considered a specialist?**

For the purposes of the VPTAS, a medical practitioner is registered with Medicare Australia or with the Australian Health Practitioner Regulation Agency (AHPRA) as a medical specialist as per the list of recognised specialist services within Australia included on the [Schedule 1 of the Health Insurance Regulations 2018 \(Commonwealth\)](http://classic.austlii.edu.au/au/legis/cth/consol_reg/hir2018273/sch1.html) <http://classic.austlii.edu.au/au/legis/cth/consol\_reg/hir2018273/sch1.html>. A dental specialist is a practitioner registered with the Australian Health Practitioner Agency (AHPRA) register as a dental practitioner, with a registration type as specialist.

**Who is considered a support person?**

An adult, a parent/guardian or a carer who travels with the patient to and from the specialist treatment. The support person must be able to assist the patient when travelling and be responsible for the patient’s accommodation needs during treatment.

**When might accommodation be required?**

Before, during or after treatment/appointments, for recovery close to treatment locations or in-transit (during travel on long trips to/from treatment/appointments).

**Who is considered an authorised officer?**

An authorised officer is a person who works with the specialist. This includes registrars, resident medical officers, interns, nurses, social workers, ward clerks, or administration staff.

**Patient Details**

1. Patient Name

2. Date of Birth  /  /

3. Treatment Dates Start  /  /  End  /  /

4. Was the patient admitted to hospital? **Yes** **No**  
 If yes, date of admission  /  /  Date of discharge  /  /

**Specialist Details**

1. Specialist’s name (not name of authorised officer)

2. Provider number

3. Specialist type

4. Treatment address or Hospital name/campus

**Travel and Accommodation requirements**

1. Was a support person required? (patients over the age of 18 only) **Yes** **No**

2. If the patient needed accommodation, what were the total number of nights?

**Confirmation by treating medical specialist or authorised officer**

*As a medical / dental specialist or their authorised officer, I confirm the information provided is true and correct*

Name

Position

Phone number

Email

Signature  Date  /  /

The Department of Health may contact you to clarify information relating to a patient’s claim.

**Legend**

**People Travelling:**

- P:** patient
- P+SP1:** patient and one support person
- P+SP2:** patient and two support persons (where eligible)

**Trip Type:**

- R: Return** – when a patient travels to attend a specialist service and the patient then returns home
- S: Single** – one-way travel, when a patient only travels for part of their appointment journey—either to the specialist appointment or back home afterward, but not both. This can happen, for example, if after treatment the patient does not return straight home and instead travels to another location, or if one part of the journey is by ambulance and the other part is by private or alternative transport
- D: Drop-off** - when a support person drops a patient off for a specialist service and the support person returns home without the patient
- P: Pick-up** – when a support person travels on their own to pick up a patient from a specialist service and takes the patient home

**Transport Type:**

- C:** car- private or rental
- T:** taxi or ride sharing (Uber)
- F:** flight (commercial)
- PTV:** public transport Victoria (myki, V/Line)
- PT:** other public transport (Skybus, non PTV buses/trains)
- CM:** Community Transport

**Trips** (only include multiple trips for the same specialist in the same treatment location)

Journey (List from oldest to most recent)	People travelling	Trip type	Transport type	Treatment date(s)	Was the patient hospitalised?	Hospital stay dates	Accomm. dates
Start <input type="text"/> / <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/> / <input type="text"/>				Start <input type="text"/> / <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/> / <input type="text"/>	Yes No	Admission <input type="text"/> / <input type="text"/> / <input type="text"/> Discharge <input type="text"/> / <input type="text"/> / <input type="text"/>	Check in <input type="text"/> / <input type="text"/> / <input type="text"/> Check out <input type="text"/> / <input type="text"/> / <input type="text"/>
Start <input type="text"/> / <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/> / <input type="text"/>				Start <input type="text"/> / <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/> / <input type="text"/>	Yes No	Admission <input type="text"/> / <input type="text"/> / <input type="text"/> Discharge <input type="text"/> / <input type="text"/> / <input type="text"/>	Check in <input type="text"/> / <input type="text"/> / <input type="text"/> Check out <input type="text"/> / <input type="text"/> / <input type="text"/>
Start <input type="text"/> / <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/> / <input type="text"/>				Start <input type="text"/> / <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/> / <input type="text"/>	Yes No	Admission <input type="text"/> / <input type="text"/> / <input type="text"/> Discharge <input type="text"/> / <input type="text"/> / <input type="text"/>	Check in <input type="text"/> / <input type="text"/> / <input type="text"/> Check out <input type="text"/> / <input type="text"/> / <input type="text"/>
Start <input type="text"/> / <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/> / <input type="text"/>				Start <input type="text"/> / <input type="text"/> / <input type="text"/> End <input type="text"/> / <input type="text"/> / <input type="text"/>	Yes No	Admission <input type="text"/> / <input type="text"/> / <input type="text"/> Discharge <input type="text"/> / <input type="text"/> / <input type="text"/>	Check in <input type="text"/> / <input type="text"/> / <input type="text"/> Check out <input type="text"/> / <input type="text"/> / <input type="text"/>

For multiple trips required for block treatment travel, please include your treatment schedule with your claim

COMPLETE THE DECLARATION IN SECTION 5 ON THE FINAL PAGE

VPTAS Application Form  
Section 5: Declaration – to be completed by applicant or patient

Declaration

I,

declare the information provide in this claim is complete and correct and the documents provided are genuine. I authorise the Department of Health to discuss information regarding my application with my treating specialist, or other relevant parties as necessary.

Signature

Date

 /  / 

Privacy Collection Notice

The Department of Health is committed to protecting your privacy, in line with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

We collect and handle personal and health information in this form for the purposes of administering and processing payments for your VPTAS claim. Your personal and health information will be used and disclosed only as necessary for these purposes.

Your information may also be used in de-identified and aggregate form only, for analysis, reporting and to inform policy. No individual will be identifiable in information shared for these purposes.

If you choose not to provide your personal information or only provide some of the information requested, we may not be able to process your claim.

To process and administer your claim, we may share some of your information with healthcare, transport and accommodation providers.

For more details of how information provided for travel and accommodation reimbursement is handled by VPTAS, see [VPTAS guidelines \(2015\)](https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/v/vptas-guidelines-201601.pdf), <<https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/v/vptas-guidelines-201601.pdf>>

For information on the department's privacy policy, see the [DH Consumer privacy information webpage](https://www.health.vic.gov.au/publications/consumer-privacy-information-brochure-english-version) <<https://www.health.vic.gov.au/publications/consumer-privacy-information-brochure-english-version>> or contact us (see page 1).

You have a right to access and correct your personal information.

To make a freedom of information request, see the [DH Freedom of information webpage](https://www.health.vic.gov.au/freedom-of-information) <<https://www.health.vic.gov.au/freedom-of-information>>.

Services Australia Consent for validating concession card details

For concession card holders only

By completing and submitting this form I authorise:

- the Department of Health to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink of Veteran's Affairs customer details and concession card status to enable the Department of Health to determine if I qualify for a concession.
- Services Australia to provide the results of that enquiry to the Department of Health. I understand that Services Australia will disclose personal information to the Department of Health including my Payment type/Payment Status/Concession type/DOB/Address/Postcode/Deceased/Number of Dependent Children/Full Name Including middle name and Income/Assets/Deductions/One off payments/Percentage of childcare/Youth Allowance Independent Rate to confirm my eligibility for relevant concession.

I understand that:

- this consent, once signed, remains valid while I am a customer of the Department of Health, unless I withdraw it by contacting the department or Services Australia. I can get proof of my circumstances or details from Services Australia and provide it to the Department of Health so they can determine my eligibility for relevant concession.
- if I withdraw my consent or don't alternatively provide proof of my circumstances/details, I may not be eligible for the concession provided by the Department of Health.

Signature

Date

 /  /