

Victorian Patient Transport Assistance Scheme (VPTAS) Specialist Confirmation Form – to be completed by medical/dental specialist or authorised officer

When to complete this form:

When submitting an application 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) a full claim form is not required. Instead, the specialist details may be completed using this form and uploaded by the patient/applicant with the claim.

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.