

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 health service complete these 3 forms:

For you to complete:

- Form A: Patient Registration
- Patient Vendor Banking Details form

Queensland Government	Patient Travel Subsidy Scheme (PTSS) Patient registration (Form A)
Section A (patient or guardian / carer to section A) Updating existing patient details Title: Given name(s): Preferred name:	Electronic Funds Transfer Payment Request Oueensland Government
Residential address: Postal address (if different from residential add	Business Partner Number:
	Previous surname: (if applicable) ABN (Business) or Date of Birth (Patient): Address:

For your referring doctor to complete:

Form B: Travel Referral form

X	Queensland Government	,		Subsidy Scheme (PTS eferral (Form
Section A	- Patient details (patient or referring o	linician to complete)		
Has the patie	nt's details changed? Yes No			
Title:	Given name(s):	Family name:		Date of birth (DD/MM/YYY
Medicare nur	nber:	Expiry date (MM/YY):	Contact nu	mber:
Are you of Al	original and/or Torres Strait Islander origin? res, Aboriginal Tyes, Torres Strait Islande	r Yes, both Aboriginal and	Torres Strait	Islander

Submit these forms to any Queensland public hospital, health service or Indigenous Liaison Officer in person, via email, fax or post.

Step 2: Assessment

We'll look at your application against the PTSS Guideline to see if you are approved or if there are other options for your travel.

We will have a yarn with you about the outcome of your PTSS application.

Step 3: Booking

When you know the date of your appointment, yarn with 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, **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.

Appointment atte	Patient Travel Subsidy Scheme (PTSS Appointment attendance (Form C		
ient, HHS or specialist to complete)			
Family name:	Date of birth (DD/MM/YYYY)		
	Contact number:		
	_		
Date of birth (DD/MM/YYY	Y): Contact number:		
	tient, HHS or specialist to complete)		

☐ If you are staying with family or friends, complete and sign Form D:

Accommodation confirmation

	(ueensland iovernment	Ac	commodat		Subsidy Scheme (PT dance (Form
Section	A – Patient de	tails (HHS to complete)			
Title:	Given name(s):	Family name:		Identification number:
Section	B – Accommo	dation details (HHS or a	accommodation provide	r to complete)	
Comme	rcial accommodat	ion Private accommoda	ation		
Accommodation facility name (if commercial accommodation): Conta			Contact person:		
Contact nu	mber: 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 and submit your forms to any Queensland public hospital, public health service, or Indigenous Liaison Officer in person, via email, fax or post:

☐ Form C: Appointment attendance

G C	ueensland overnment		Appointment attendance (Form		
Section A	A - Patient details (patient, H	IHS or specialist to con	nplete)		
Title: [±	Given name(s):	Family nar	Family name:		
Home hosp	rital:			Contact number:	
Patient esc	cort details				
Title:	Full name:		Date of birth (DD/MM/YYYY):	Contact number:	

 If you booked your own travel, any relevant tax invoices If you stayed with friends or family, Form D:Accommodation confirmation



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.





