ACT Government
Health

ACT INTERSTATE PATIENT TRAVEL ASSISTANCE SCHEME (ACT IPTAS)

When to use this form (ACT Residents Only)
You should use this form for all applications for IPTAS support.

- You are required to submit a separate application for each different practitioner or health service you travel to.
- You are required to submit a separate application for each return journey you complete.

What you will need to provide - We require documentation to support your application. You need to provide:

- Itemised invoices for travel, accommodation or carparking cost
- Evidence that you have attended your appointment (Part C form)

PART A - Patient Details (To be completed by the Patient / Parent / Guardian)

Title:..... Surname …… Given Name…… Date of Birth..... /...../…..
Male ☐ Female ☐ Are you of Aboriginal or Torres Strait Islander origin? Yes ☐ No ☐
Does the patient need help with interpreting English? Yes ☐ No ☐ Preferred language: ……

Permanent residential address.....

Postal address (if different) .....

Email address (if you have one) .....

Telephone (H) …….. (W) …… (Mobile)……...

Can you claim from a Private Health Fund Yes ☐ No ☐ **If yes,** has a claim been made for travel/

accommodation? Yes ☐ No ☐ **If no,** please give reason …….....

Are you a permanent resident of the ACT? Yes ☐ No ☐ Medicare Card Details…….....…….

Have you ever made an IPTAS claim? Yes ☐ No ☐
Can you claim for Compensation, Insurance or Third Party? Yes ☐ No ☐

Travel and Accommodation Details:

I / We travelled from Canberra to……..on …….. /……. / .....

for an appointment / admission to hospital on …… / ……/…… at ……am / pm

I / We returned to Canberra on ..... /...../ .....

What type of transport did the patient use to get there? ..... To get home? ..... **(Receipt)**

What type of transport did the escort use to get there? ..... To get home? .....

Name of Escort ..... (If applicable)
Name of 2nd Escort ……... (for patients under 18 years)

The patient stayed in commercial accommodation for ..... nights **(Receipt / account attached)**

The escort/s stayed in commercial accommodation for..... nights **(Receipt / account attached)**

EFT or cheque payable to Name:……..…….....

Bank: …… BSB…….....

Account Name…… Account No:…….....

Certification:

I,_____ certify that the above information is true and accurate, and that I do not have a right to recover from any other person or organisation, by way of compensation or damages, the costs incurred for the above treatment.

Signature ..... Date …../…../…..

Privacy Note: The information in this application is protected by law. The information will only be accessed by health service staff directly involved in providing services to the applicant, or with other lawful reason to access information.

PART B - To be completed by the referring medical practitioner

Referring Medical Practitioner's certification:

This section only needs to be completed on the first visit to a new specialist. Subsequent visits to the same specialist will be covered by this form which is valid for **2 years**.

I have referred (Patient's name) ……...

to Interstate Treating Doctor and location details:

Specialist's Name …… Specialty…….. Telephone …….....

Location (Treating Hospital /Institution)…….....City/State…….…..

Medical condition to be treated ……..……..

……

Is the specialist service required available in the ACT, either publicly or privately? Yes ☐ No ☐ **If Yes**: ***Reason for interstate referral***:

……..

Is the specialist service the nearest to ACT? Yes ☐ No ☐ **If No**: ***Must provide medical reason***

……...

Does the patient require an escort during travel? Yes ☐ No ☐ **If Yes**: ***Must provide medical reason***

……

Does the patient require an escort during treatment? Yes ☐ No ☐ **If Yes**: ***Must provide medical reason***

……

Can the patient travel by private car or public transport? Yes ☐ No ☐ **If No**: ***Must provide medical reason***

……..……..

Is Air Travel recommended?: Yes ☐ No ☐ **If Yes:**: ***Must provide medical reason***

……....

(If air travel is required, please contact the IPTAS office prior to travel to discuss booking options)

Please print or use official stamp

Referring Medical Practitioner:

Private Practice Provider Number:

Address:

Telephone No:

Fax No:

Email Address:

Referring Medical Practitioner's signature …….....Date …../…../……

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PART C - To be completed by Treating Medical Specialist or Authorised Representative to whom the patient is referred

Treating Specialist's or Authorised Representative's certification:

I certify that (Name of Patient) .....

☐ had an appointment on ……. /……. /……. From..……am/pm To ….....am/pm

☐ had subsequent appointment/s on ……. /……. /……. From..……am/pm To ……..……..am/pm

☐ had subsequent appointment/s on ……. /……. /……. From..……am/pm To ……..…..am/pm

☐ had subsequent appointment/s on ……. /……. /……. From..……am/pm To ……..…..am/pm

☐ was admitted to hospital on .../...../..... ..... ☐ was discharged from hospital on ...../ ...../ .....

☐ required outpatient treatment from ……. /……/…… to ……. /…. .../…….

☐ required an escort during treatment /hospitalisation from ……. /……/……... to ……. /……. /……

Reason for escort ……

Required overnight commercial accommodation ☐ prior to treatment ☐ following treatment

Please print or use official stamp

Full Name:

Provider Number:

Address:

Telephone No:

Fax:

Email Address:

Signature..... Date ...../ ...../ .....

Note: The date of this signature must be on or after the latest appointment or discharge from hospital.

Privacy Note: The information contained in this application is protected by law from unauthorised access and misuse. The information will only be accessed by health service staff directly involved in providing services to the applicant, or with other lawful excuse.

EXPLANATORY NOTES

The ACT Interstate Patient Travel Assistance Scheme (IPTAS) can give you financial help towards travel and accommodation costs. You can read the guidelines for this service online at: www.health.act.gov.au/hospitals-and-health-centres/canberra-hospital/your-time-hospital/interstate-patient-travel.

If you would like a copy of the guidelines sent to you, please contact ACT IPTAS on 02 5124 9082 or iptas@act.gov.au

1. Eligibility:

To use IPTAS:

- the patient must be a **permanent resident** of the Australian Capital Territory. You can prove this by showing us your registration on the electoral roll, a current driver's licence, or utility accounts or rental receipts showing where the patient usually lives
- the patient must have a **Medicare card** or be a **Medicare ineligible asylum seeker**
- the referring doctor must be from the ACT or Queanbeyan
- the patient must be referred for specialist treatment. The referral must be for the place closest to the ACT where the patient can receive the medical care they need.
- the patient must have a current referral for a specialist medical service that is not available in the ACT. You need to give us this every **2 years if you travel regularly**
- the patient must claim the maximum benefit they can from their private health fund (if they have one) before claiming through IPTAS
- the patient may be a veteran or war widow who cannot make a claim with the Department of Veterans' Affairs Repatriation Transport Scheme
- you must submit your claim within six months of your return travel.

2. IPTAS cannot reimburse you for:

- general medical treatment given by a GP or allied health professionals such as a psychologist, physiotherapist or speech pathologist
- general dentistry such as having a tooth removed
- travelling to get a second medical opinion
- the cost of the transfer from one hospital to another
- travel by ambulance, air ambulance or any other emergency transport
- travel or commercial accommodation if you are able to make a claim through the Department of Veterans' Affairs Repatriation Transport Scheme, other Commonwealth/Territory Government schemes, Territory and Employer Schemes, Third Party Insurance or WorkCover/Workers' compensation claims
- hospital costs, including costs for staying in a private hospital
- travel or accommodation costs for medical care you need while you are travelling from another interstate location
- meals, taxi fares, ride sharing costs, local transport (including bus, inner-city rail, light rail, ferry), tolls, or car hire
- any claim made six months after your return travel.

3. Escorts

- Before helping with costs for escorts, we will check that the patient is able to make an IPTAS claim. If the patient is **not** able to make an IPTAS claim, we cannot help with costs for escorts.
- A patient under the age of 18 years can have two escorts for travel after 1 July 2020.
- An adult patient (18 years or older) may have one escort if the referring GP/medical specialist (Part B of this form) or treating specialist (Part C of form) says an escort is needed because of medical needs. More information about this can be found in the IPTAS guidelines.

4. Referring medical practitioner

The referring medical practitioner must complete Part B of this form. They must be registered with the ACT Medical Registration Board and be located in the ACT or Queanbeyan.

5. Treating specialist or authorised representative

The treating specialist or authorised representative must complete Part C of this form. They will confirm any hospital stay, treatment and appointment dates for the patient. They will also confirm that the patient needs an escort to be with them during treatment (see the IPTAS Guidelines for more information). If a patient needs to stay interstate after leaving hospital, the treating specialist must also write this on Part C of this form. An authorised representative can be a registrar, resident medical officer, intern, allied health professional, nursing unit manager or administrative staff such as a receptionist.

6. Patients with a long hospital stay

If an escort needs to stay with a patient for longer than one month, the escort may be able to claim for road/rail travel back to Canberra for a maximum of two return trips per month. Claims will be reviewed individually. **Before making this claim**, speak with the ACT IPTAS Administrator.

7. Special travel requirements

If the referring medical practitioner (see IPTAS Guidelines for more information) says the patient needs to fly to get to their medical care, the ACT IPTAS Administrator can make the booking. The referring medical practitioner must complete part B of this form **before the patient travels** and write the medical reason the patient needs to fly. As soon as you know the date travel is needed, please contact the ACT IPTAS Administrator. Make sure you tell them any special travel needs as not all aircraft can meet all needs. Where possible, a minimum of 5 working days is needed before travel to arrange flights. ACT IPTAS may not book fares if part C of this form has not been received for previously booked travel.

Note: **Travel costs will not be paid for an escort unless travelling with the patient, children airlifted exempt.**

8. Benefits

Travel benefits	**Before 1 July 2026**	**From 1 July 2026**
Private vehicle *Fuel* costs *only*	Rebate up to the amount specified below: (for a return trip) Sydney **$165.00** Melbourne **$330.00** Adelaide **$660.00** Brisbane **$660.00**	Rebate up to the amount specified below: (for a return trip) Sydney **$178.00** Melbourne **$357.00** Adelaide **$714.00** Brisbane **$714.00**
Private Vehicle *Electric Vehicles* ***(at commercial charge stations only)***	Rebate up to the amount specified below: (for a return trip) Sydney **$40.00** Melbourne **$60.00**	Rebate up to the amount specified below: (for a return trip) Sydney **$43.00** Melbourne **$65.00**
Coach	(return) Sydney **$130.00** Melbourne **$160.00** Adelaide **$290.00** Brisbane **$390.00**	(return) Sydney **$141.00** Melbourne **$173.00** Adelaide **$314.00** Brisbane **$422.00**
Rail	(return) Sydney **$125.00** Melbourne **$230.00** Adelaide **$260.00** Brisbane **$260.00**	(return) Sydney **$135.00** Melbourne **$249.00** Adelaide **$281.00** Brisbane **$281.00**
Patient and/or Escortls • Patients cannot claim when they stay overnight in hospital. • Escorts can claim when the patient stays overnight in hospital.	**Maximum amount:** **$70.00** per night for each patient and/or their escort/s if they are staying in a motel or other commercial accommodation. **$50.00** per night for each patient and/or their escort/s if they are staying in not for profit accommodation. **No rebate is paid for staying in private accommodation at no cost.**	**Maximum amount:** **$80.00** per night for each patient and/or their escort/s if they are staying in a motel or other commercial accommodation. **$54.00** per night for each patient and/or their escort/s if they are staying in not for profit accommodation. **No rebate is paid for staying in private accommodation at no cost.**
Parking	You can claim carparking costs up to a limit of **$25** if: o you are not claiming costs for a motel, Air BnB or other commercial accommodation another service, like Ronald McDonald House, is not claiming accommodation costs for you.	You can claim carparking costs up to a limit of **$35** if: o you are not claiming costs for a motel, Air BnB or other commercial accommodation o another service, like Ronald McDonald House, is not claiming accommodation costs for you.

Note: The new reimbursement amounts apply to travel leaving the ACT on or after 1 July 2026.

You must give us your itemised tax receipts when you make a claim. (We can accept copies.) We cannot pay you without them. We cannot accept credit card receipts as proof of what you spent.

To make a claim for fuel:

- Fill your car up before you start your travel. You pay for this petrol.
- Fill your car up during your travel if needed. Keep this receipt to give us when you claim.
- Fill your car up when you finish your travel. Keep this receipt to give us when you claim.

We may pay a maximum of one night before and one night after medical treatment/appointment if the treating medical practitioner recommends you stay for those nights.

You must submit your claim and receipts within 6 months of your travel.

9. Submission of claim

Once you have completed the ACT IPTAS form and have attached your receipts please:

- email them to iptas@act.gov.au or
- deliver to The Canberra Hospital Main Reception Desk
- post to the ACT IPTAS Office (address below)
- deliver to the receptionist at one of the Community Health Centres at Tuggeranong, Belconnen, Phillip, City or Gungahlin.

Things to remember:

- You must claim the most you can from your private medical fund (if you have one) before making a claim with IPTAS
- Before you submit your form please make sure that parts A, B & C have been completed.
- **Please make sure to attach all itemised receipts/tax invoices for petrol and commercial accommodation. We cannot pay you without them.**
- Part C of this form must be signed by the treating medical specialist or their authorised representative. This proves that the travel happened.
- We will pay your claim by cheque or EFT if we have your bank details.

Postal Address:	***Street Address***:	***Contact details:***
ACT IPTAS Administrator The Canberra Hospital GPO Box 11 WODEN ACT 2606	ACT IPTAS Administrator The Canberra Hospital Main Reception Desk GARRAN ACT 2605	Tel: (02) 5124 9082 *If your call isn't answered please leave a message* Fax: (02) 6244 3453 Email: IPTAS@act.gov.au

For NSW residents please phone 1800 IPTAAS (1800 478 227) 9am-5pm weekdays or email:
iptaas@health.nsw.gov.au | www.enable.health.nsw.gov.au/services/iptaas