

PART 4 – DECLARATION BY PATIENT OR GUARDIAN

I certify the information in this form is correct, the expenditure shown in Part 2 was actually incurred and benefits relating to that expenditure have not been received nor are claimable from another source, including private health funds. I hereby consent to NIHRACS obtaining further information from referring medical practitioners, treating specialists, other health care professionals and travel/accommodation providers where it is required to process this application.

I understand that personal contribution of \$40 will be deducted from the total benefits payable for each return journey.

Contributions will be capped at four co-payments each financial year.

Concession and Centrelink Consent:

I/We authorise:

- The Norfolk Island Health and Residential Aged Care Service (NIHRACS) to use Centrelink Confirmation eServices to perform a Centrelink/DVA enquiry of my Centrelink or Department of Veterans' Affairs Customer details and concession card status in order to enable the business to determine if I qualify for a concession, rebate or service.

- The Australian Government Department of Human Services (DHS) to provide the results of that enquiry to NIHRACS.

I understand that:

- DHS will use information I have provided to NIHRACS to confirm my eligibility for NIHRACS programs and services and will disclose to NIHRACS personal information including my name, address, payment and concession card type and status.

- This consent, once signed, remains valid while I am a customer of NIHRACS unless I withdraw it by contacting NIHRACS or DHS.

- I can obtain proof of my circumstances/details from DHS and provide it to NIHRACS so that my eligibility for NIHRACS programs and services can be determined.

- If I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for programs and services provided by NIHRACS.

Details about the Centrelink Confirmation eServices are available on Centrelink's website.

If you do not wish to authorise NIHRACS to confirm the current status of your Commonwealth Benefit and other details as they pertain to your concessional entitlement, **please attach a photocopy of your pension card.**

Note: A personal contribution of \$40.00 will be deducted from this claim if you are not a Pension, Health Care or Commonwealth Seniors' Health Care Card holder.

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.

X Signature

Date / /

NIHRACS CONTACT DETAILS

Norfolk Island Health and Residential Aged Care Service
2 Grassy Road
PO Box 94
Norfolk Island NSW 2899
Telephone: + 6723 53026
Fax: +6723 23245

Norfolk Island Patients Travel and Accommodation Scheme (NIPTAAS)

Claim Form ** Must be accompanied by a current NIPTAAS Doctor Authority Form

PART 1 – PATIENT AND ESCORT DETAILS

1.1 ELIGIBILITY DETAILS

Have you claimed, or are you entitled to claim, travel and/or accommodation benefits from any of the following:		
1. Any Australian, State or Territory government scheme other than NIPTAAS?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If you are uncertain about your eligibility please contact NIHRACS to confirm
2. As part of a Workers Compensation claim?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
3. As part of any insurance claim?	No <input type="checkbox"/> Yes <input type="checkbox"/>	
4. Do you have a Veterans' Affairs (DVA) Gold Card?	No <input type="checkbox"/> Yes <input type="checkbox"/>	

1.2 PATIENT DETAILS

Title	Surname	Given name	Middle name	Date of birth
				/ /

Residential Address	Postal Address
Postcode	Postcode

Daytime phone number	Mobile number	Email address

Medicare Card Details

Card Number	Position on Card

Pension or Health Care Card Details

Card Number	Expiry Date

Bank Account Details for Claim Payment

Account Name	Bank Name
BSB Number	Account Number

1.3 ESCORT DETAILS * Escort must be a permanent resident of Norfolk Island and must accompany patient at all times

An escort is an adult who, for medical reasons, is approved by the NIHRACS Medical Practitioner to accompany a NIPTAAS patient whilst travelling for specialist medical treatment. The NIPTAAS Doctor Authority Form must show escort eligibility, and the escort must be a permanent resident of Norfolk Island and must accompany the patient on both flights to be eligible for reimbursement.

Title	Surname	Given name	Middle name	Date of birth
				/ /

Residential Address	Postal Address
Postcode	Postcode

Eligible for an escort: Pre-Approved as per signature on NIPTAAS Doctor Authority Form	No <input type="checkbox"/> Yes <input type="checkbox"/>
--	--

PART 2 – TRAVEL AND ACCOMMODATION DETAILS

2.1 TRAVEL DETAILS

Use the following codes to help give details of your travel below


People travelling	Trip type	Transport type		
P = Patient E = Escort P/E = Patient and Escort	O = One way R = Return	A = Ambulance AA = Approved Air	B = Bus/Coach R = Rail	T = Taxi P = Private car

Journey Dates		Airport / Address	People Travelling i.e P = Patient	Trip Type i.e R = Return	Transport Type i.e. AA = Approved Air
Start	/ /				
End	/ /				
Start	/ /				
End	/ /				
Start	/ /				
End	/ /				
Start	/ /				
End	/ /				
Start	/ /				
End	/ /				
Start	/ /				
End	/ /				

2.2 ACCOMMODATION DETAILS

Give details of your accommodation

Accommodation Dates	Accommodation Name	Accommodation Address	Accommodation Type ie Hotel or Private
Start	/ /		
End	/ /		
Start	/ /		
End	/ /		
Start	/ /		
End	/ /		

 Copies of receipts and/or tax invoices for travel must be lodged with this claim. Scanned copies or clear photos of receipts are required to be submitted to NIPTAAS with your claim forms. Food and fuel receipts are not required.

2.3 REIMBURSEMENT ENTITLEMENTS

Return Economy Airfare (less GST, Credit Card and Booking Fees) for Patient and Escort (if travelling together on same flight)

Mileage Reimbursement for Private Vehicle or Hire Car

Public Transport (less GST and fees)

Taxi Fares (less GST and fees) – \$20 per appointment - maximums apply

Hotel or Private Accommodation subsidy based on nearest flights to treatment received as per airline schedule dates / treatment dates.

Patient and Escort must be eligible for Medicare at time of service, and permanent residents of Norfolk Island. The Escort must travel with the patient in both directions to be eligible for airfare reimbursement.

Terms and Conditions apply. Contact NIHRACS for further information. See the NIPTAAS Brochure for further information about reimbursement. Co-payments are charged for each claim, conditions apply.

PART 3 – SPECIALIST AND TREATMENT DETAILS (to be completed by the specialist or their authorised representative)

3.1 SPECIALIST / PROSTHETIST / ORTHOTIST / APPROVED ALLIED HEALTH CLINIC DETAIL

Name of Specialist, Prosthetist, Orthoptist or Allied Health Clinic Contact Phone Number

Address of treatment/consultation Postcode

Email Address Specialist Provider Number (if applicable) MBS number/service (if applicable)

3.2 TREATMENT / CONSULTATION DETAILS

Patient name and type of treatment is the referral to a specialist for? Patient has a cleft lip/ palate

No Yes

Treatment Dates	Treatment Type i.e. Initial Consultation / Review, Blood test etc.	Treatment Address	Signature of Specialist or authorised representative
Start	/ /		
End	/ /		
Start	/ /		
End	/ /		
Start	/ /		
End	/ /		
Start	/ /		
End	/ /		

Was hospitalisation necessary?
No Yes *Give details below*

Address of facility Postcode

In hospital from / / In hospital to / / Was it medically necessary for the patient to remain near the location outside these dates? No Yes If yes, how many nights?

3.3 CERTIFICATION BY DOCTOR OR AUTHORISED REPRESENTATIVE

Authorised representatives can be a registrar, resident medical officer, intern, allied health professional, nursing unit manager or administrative staff such as a receptionist.

I certify that the information in this form is true and correct.

Signature Date

Full name Position title of person signing Section 3.3