Norfolk Island Patients Travel and Accommodation Scheme (NIPTAAS)

Claim Form** Must be accompanied by a current NIPTAAS Doctor Patient Travel 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 ☐ Yes ☐	*If you are uncertain about your eligibility please contact NIHRACS to confirm*
2. As part of a Workers Compensation claim?	No ☐ Yes ☐	
3. As part of any insurance claim?	No ☐ Yes ☐	
4. Do you have a Veterans' Affairs (DVA) Gold Card?	No ☐ Yes ☐	

1.2 PATIENT DETAILS

Title	Surname	Given name	Middle name	Date of birth
				/ /

Residential Address

Postcode

Postal Address

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 a person who, for medical reasons, is approved by the Norfolk Island GP to accompany a NIPTAAS patient whilst travelling for specialist medical treatment. The NIPTAAS Doctor Patient Travel 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

Postcode

Postal Address

Postcode

Eligible during travel for an escort: Pre-Approved as per signature on NIPTAAS Doctor Travel Form No ☐ Yes ☐

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 **C**=Community Transport	**F** = Ferry **P** = Private car	**R** = Rail **T** = Taxi

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 Seat and Bag 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) and/or Taxi Fares (less GST and fees) – maximums apply

Hotel or Private Accommodation subsidy based on 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. See NIHRACS for further information. See the NIPTAAS Information Sheet 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

What 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 / Radiation 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

X

Date

/ /

Full name

Position title of person signing Section 3.3

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 or 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

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Norfolk Island NSW 2899
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Fax: +6723 23245