

User guide – Patient registration (Form A)

Use this step-by-step-guide to register for the Patient Travel Subsidy Scheme (PTSS). The purpose of this form is to register or update patient details in the PTSS system. This form only needs to be completed once, unless updating existing patient details. This form is not an application for PTSS.

Section A

1 Please provide the patient's personal details. The preferred name is only required if it differs from the patient's given name.

Section A (patient or guardian / carer to complete)

Updating existing patient details

Title Given name(s) Family name

Preferred name Date of birth (DD/MM/YY)

Residential address Suburb / Town Postcode

Postal address (if different from residential address) Suburb / Town Postcode

Mobile number (or landline, if mobile not available) Email address

Are you of Aboriginal and / or Torres Strait Islander origin?
 No Yes, Aboriginal Yes, Torres Strait Islander Yes, both Aboriginal and Torres Strait Islander

2 Preferred contact person, if different from the patient (e.g. parent, guardian, carer etc).

Preferred contact person (if different from patient) Relationship

3 Please provide the preferred way for contacting the patient.

Mobile number (or landline, if mobile not available) Email address

How would you like us to contact you? (You may select more than one option)
 Text message Email Phone Mail

Section B

4 This section must be completed. To be eligible for PTSS you must be eligible for a Medicare card

Section B (patient or guardian / carer to complete)

• A Medicare card number is required to be eligible for PTSS.

Medicare card number Expiry date (MM/YY)

Please tick if any of the following apply to you:

	Card number	Expiry date (DD/MM/YY)	Card type (e.g. gold)
<input type="checkbox"/> Department of Veterans Affairs			
<input type="checkbox"/> Healthcare card			
<input type="checkbox"/> Pensioner concession card			
<input type="checkbox"/> Commonwealth Seniors card			

Section C

5 This form needs to be signed by the patient or their guardian/carer.

Section C (patient or guardian / carer to complete)

The information provided is true and accurate at the time of application. I give my permission for Hospital and Health Service staff to obtain information about my / my child's / my ward's medical condition for the purpose of administering my application and providing relevant details to travel / accommodation providers as required. I understand that I must keep copies of receipts / invoices for accommodation and transport, and may be asked to provide these to Health and Hospital Service staff.

Patient (if 18 years or over) or Guardian / Carer (if under 18 years) signature Date (DD/MM/YY)

Guardian / Carer name (if applicable) Contact number

To apply for PTSS please fill out the **Travel referral (Form B)**.

To confirm your attendance at an appointment please fill out the **Appointment attendance (Form C)**.