

**Travel Diary** *If this is your first claim to this specialist, please ensure that you complete a claim form before submitting this Travel Diary.*


**1. PATIENT DETAILS**

Patient's full name  Date of birth  /  /

Residential address   
 Postcode

Pension/Health Care Card Holder? No  Yes  BSB number  Account number

Signature  Date  /  /

 Copies of receipts and/or tax invoices for travel and accommodation must be lodged with this claim. Scanned copies or clear photos of receipts can be emailed to IPTAAS with your claim forms.

**2. ESCORT DETAILS**

Escort's full name

Pension/Health Care Card Holder? No  Yes

Signature  Date  /  /

**3. SPECIALIST DETAILS**

Specialist's name  Provider number  Contact phone number  Treatment period covered From  /  /  To  /  /

Is an escort approved during travel? No  Yes  Is an escort approved during treatment? No  Yes

Each appointment date must be verified by the specialist or authorised representative. This can be a registrar, resident medical officer, intern, nursing manager or administrative staff such as a receptionist. By signing this form, the specialist or authorised representative certifies that the information in this form is true and correct.

Signature  Date  /  /

Position title of person signing Section 3

**4. TRAVEL AND ACCOMMODATION DETAILS** – Use the following codes to give details of your travel – *Government subsidised Community Transport IS NOT eligible for reimbursement*

People travelling			Trip type		Transport type						
P=Patient	E=Escort	P/E=Patient and Escort	O=One way	R=Return	A=Ambulance	B=Bus/Coach	C=Community Transport	F=Ferry	P=Private car	R=Rail	T=Taxi

Journey dates		Specify the address you are travelling from and to	People travelling	Trip type	Transport type	Treatment date(s)		Signature of Specialist or Authorised Representative <i>If not confirmed electronically</i>	Number of nights accommodation <i>Attach receipts if paid accumulation</i>	Date patient hospitalised if applicable	
Start	End					Start	End			In	Out
Start	/ /					Start	/ /			In	/ /
End	/ /					End	/ /			Out	/ /
Start	/ /					Start	/ /			In	/ /
End	/ /					End	/ /			Out	/ /
Start	/ /					Start	/ /			In	/ /
End	/ /					End	/ /			Out	/ /

Patient name		Date of birth	/	/
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**4. TRAVEL AND ACCOMMODATION DETAILS** *continued*

Use the following codes to give details of your travel below – *Government subsidised Community Transport IS NOT eligible for reimbursement*

People travelling			Trip type		Transport type						
P=Patient	E=Escort	P/E=Patient and Escort	O=One way	R=Return	A=Ambulance	B=Bus/Coach	C=Community Transport	F=Ferry	P=Private car	R=Rail	T=Taxi

Journey dates		Specify the address you are travelling from and to	People travelling	Trip type	Transport type	Treatment date(s)		Signature of Specialist or Authorised Representative <i>If not confirmed electronically</i>	Number of nights accommodation <i>Attach receipts if paid accumulation</i>	Date patient hospitalised if applicable	
Start	End					Start	End			In	Out
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Start	/ /				Start	/ /			In	/ /	
End	/ /				End	/ /			Out	/ /	

*Privacy: 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.*