

Victorian Patient Transport Assistance Scheme (VPTAS)

Guidelines 2026



Department
of Health

To receive this document in another format, phone 1300 737 073 using the National Relay Service 13 36 77 if required or email the [Victorian Patient Transport Assistance Scheme <VPTAS@health.vic.gov.au>](mailto:VPTAS@health.vic.gov.au).

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Contents

Scheme summary	5
Scheme principles	5
Accessing the scheme	6
Am I eligible for the scheme?	6
Rural/regional and metropolitan zones	6
Services included under the scheme	7
What is a 'specialist service'?	7
Treatment exclusions	7
What travel am I eligible for?	8
How is the travel distance calculated?	9
What is meant by 'the nearest most appropriate specialist service'?	9
Is someone travelling with me also eligible for a subsidy?	10
Support person	10
Support-person-only travel	10
Subsidies	11
Concession card status (patients over the age of 18 only)	12
Contribution	12
Travel subsidy assistance	13
Trip types	13
Travel via commercial flight	14
Travel via taxi (and other ridesharing services)	15
What travel costs are not subsidised?	15
Accommodation assistance	16
Accommodation for hospital admissions	17
In-transit accommodation	17
What accommodation costs are not subsidised?	17

Applying for a claim	18
Completing and submitting a claim	18
Declaration	18
Lodging a claim on behalf of another person	18
Evidence to support your claim from your specialist	18
Claim processing timeframes	18
Outcomes of claim assessment	19
Subsidy payments	19
Third-party providers	19
Requesting an appeal of your claim	19
Providing feedback	19
Claim auditing	20
Privacy collection notice	20
Contact us	20
Appendix 1: Definitions	21
Appendix 2: Specialist medical services	23
Appendix 3: Specialist dental services	24

Scheme summary

These guidelines will help patients to access and use the Victorian Patient Transport Assistance Scheme (VPTAS). These guidelines use a range of terms that are defined in **Appendix 1**.

- The VPTAS is a Victorian Government subsidy scheme that offers financial assistance to eligible Victorians who need to organise their own travel and accommodation to access specialist treatment.
- The VPTAS does not book transport or accommodation. Instead, the VPTAS gives eligible patients a subsidy to help with their travel and accommodation costs.
- Being a subsidy scheme, the VPTAS will not cover all costs related to accessing treatment.
- The VPTAS supports rural and regional Victorians to access treatment within Victoria. It also helps Victorians who may need to travel interstate for a specialist service not available in Victoria.

Scheme principles

The scheme is guided by principles that aim to:

- make access fair
- apply the guidelines consistently
- use resources responsibly
- provide support where it is most needed
- be clear and open about how decisions are made.

Visit the [VPTAS website](https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas) <<https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas>> to learn more about these principles.

Accessing the scheme

Am I eligible for the scheme?

You can claim from the VPTAS if you meet all the following criteria:

1. You are an Australian citizen, permanent resident or refugee.
2. You are a Victorian resident at the time of your referral and treatment (your residence is your home; you may need to verify your home address).
3. You travel to an eligible medical or dental specialist service that is closest to you.
4. You need to travel either 100 km one way or 500 km within 7 days for the specialist service.
5. You lodge your claim with VPTAS within 12 months of your specialist appointment.

You can't claim from the VPTAS if you are eligible to receive financial help for travel or accommodation related to your specialist service through another organisation or scheme such as:

- WorkSafe Victoria
- the Transport Accident Commission
- compensation and insurance claims
- the Department of Veterans' Affairs
- the National Disability Insurance Scheme.

You also cannot claim from the VPTAS if you're away from your home when you are referred for treatment or during your treatment, unless one of the following applies:

- **study** – if you're a student living away from home for school, university or TAFE
- **work** – if you're an itinerant worker who needs to travel and stay for work
- **children** – with multiple addresses or in a shared custody arrangement.

If you don't have a fixed address, you'll need to provide a supporting letter that includes your current closest location to help calculate the travelling distance. This letter can be provided by a welfare/social worker or a health professional from the referring or treating specialist service.

Rural/regional and metropolitan zones

The VPTAS supports Victorians who live in rural and regional zones, with some support available to Victorians living in metropolitan zones. The VPTAS uses local government areas to work out if you live in a rural and regional zone or in a metropolitan zone. Refer to the table below and the [Victoria's regions map](https://www.rdv.vic.gov.au/victorias-regions) <https://www.rdv.vic.gov.au/victorias-regions> to see if your home is in a rural or regional zone.

Rural and regional zones (5)	Metropolitan zones (3)
Barwon South West, Grampians, Loddon Mallee, Hume, Gippsland	Northern and Western, Eastern, Southern

Services included under the scheme

What is a 'specialist service'?

The VPTAS provides subsidies for travel and accommodation to access specialist services. Eligible medical and dental services are listed below.

If you aren't sure if your treatment is included or if your specialist is eligible, call the VPTAS office on 1300 737 073 to ask.

Medical	Specialist treatment provided via a medical specialist Refer to Appendix 2 for approved specialty areas Services not eligible include general practitioner (GP) and allied health appointments
Medical	Treatment provided by a registered medical practitioner, providing specialist services <i>under the supervision</i> of an approved medical specialist
Dental	Specialist treatment provided by an approved dental specialist for hospital-based specialist dental treatment Refer Appendix 3 for approved specialty areas Services not eligible include general dentistry
Dental	Paediatric dental services by a registered dental practitioner at the Royal Children's Hospital, Monash Children's Hospital and the Women's and Children's Hospital (Adelaide)

Treatment exclusions

Some services, even when provided by a medical or dental specialist, are not eligible under the VPTAS. Exclusions are listed below.

General	Commercial clinical trials A patient-requested second opinion Treatment outside of Australia
Specific medical procedures	Organ donation – refer to the Supporting Living Organ Donors Program <https://www.health.gov.au/our-work/supporting-living-organ-donors-program> for subsidy support
Specific dental procedures	Cosmetic dentistry Specialist dentistry and oral maxillofacial services not provided in a hospital

What travel am I eligible for?

To be eligible for a travel subsidy, you will need to meet one of the following 3 travel criteria.

Summary of travel subsidy eligibility

Option	Criteria	Rural and regional zone residents	Metropolitan zone residents
1. Travel over 100 km	Travel over 100 km one way to access the closest most appropriate specialist service For residents close to state borders this may involve travel to the closest interstate service	Eligible	Not eligible
2. Block treatment – travel over 500 km in a 7-day period	Travel less than 100 km one way but multiple trips totalling over 500 km within a 7-day period to access the closest most appropriate specialist services	Eligible	Not eligible
3. Interstate travel	Interstate travel for specialist services not available in Victoria	Eligible	Eligible

1. Travel over 100 km (one-way) distance

To be eligible:

- Your home must be in a rural or regional zone.
- You must have no option but to travel more than 100 km one way from your home to the closest most appropriate specialist service (one return trip per treatment day is eligible).

If you are a parent/guardian of a baby up to 6 months of age you may be eligible for the 100 km distance subsidy to support your hospitalised baby (or babies).

2. Block treatment – travel less than 100 km (one way) but multiple trips totalling over 500 km in a 7-day period

If you don't travel over 100 km (one way) but you travel multiple trips in a 7-day period to access the closest most appropriate specialist service, you may be eligible for block treatment. Block treatment mainly helps patients accessing dialysis or cancer treatments but may include a range of trips to access specialist services.

To be eligible:

- Your home must be in a rural or regional zone.
- You have no option but to travel more than 500 km during a 7-day period (one return trip per treatment day can be included).

Your travel can include visits to different specialists at different locations. But you cannot claim an accommodation subsidy – only travel is eligible for a subsidy.

If you are a parent/guardian of a baby up to 6 months of age you may be eligible for block travel to support your hospitalised baby (or babies).

3. Interstate travel

A subsidy may be available if you're referred to an approved interstate specialist service when:

- this is the closest service (rural and regional zone patients only), or
- the service is not available in Victoria (applies to all Victorians – including those living in metropolitan zones). The approved specialist or referring specialist must verify in writing that the required specialist service cannot be provided in Victoria.

How is the travel distance calculated?

The VPTAS uses Google Maps to work out the most direct and simplest route between your home and the place of treatment. There may be variations from time to time in these calculations based on changes in Google Maps. There may also be times when the most direct or simplest route is not appropriate for your travel. If you had to take an alternative route because of flooding, road closures or detours, you'll have to provide evidence (such as a photo, map or official notice) to support your claim.

What is meant by 'the nearest most appropriate specialist service'?

To be eligible for the VPTAS you must be referred to the nearest, most appropriate specialist. If you travel beyond the nearest specialist without a valid reason, not all subsidies will apply. Reasons for travelling beyond the nearest specialist include:

- You need urgent treatment and the nearest specialist service is not available.
- The nearest specialist service refers you for more treatment at a different location.
- The nearest specialist service does not offer the treatment you need.
- You cannot afford treatment at the nearest service.
- You travel for specialist treatment that has already begun (within Victoria).

You may need to provide evidence in writing from your specialist or referring doctor to support travel beyond your nearest specialist.

Is someone travelling with me also eligible for a subsidy?

Support person

A support person (previously referred to as an escort) is someone who can help you when travelling to and from your treatment. Your support person may also be eligible for travel and accommodation subsidy support.

A support person must:

- be an adult, a parent/guardian or a carer
- **travel with you** to and from your specialist service
- be able to give you the help you need when travelling and be responsible for your transport and accommodation needs during treatment.

Your treating specialist must confirm that you need a support person if you are an adult (over 18 years of age). If you don't provide this confirmation, the support person can accompany you, but their travel and accommodation costs will not be eligible for subsidy support.

Patients under the age of 18 do not need their support person confirmed by the treating specialist.

Number of eligible support people based on the age of the patient

One support person	<ul style="list-style-type: none">• Patients over the age of 18• Patients over 6 months old and under the age of 18 when attending day appointments for less than 2 days in a row or staying in hospital less than 2 consecutive days
Up to 2 support people	<ul style="list-style-type: none">• Babies under the age of 6 months (multiple births included)• Patients over 6 months old and under the age of 18 when attending day appointments for 2 or more days in a row or staying in hospital 2 or more consecutive days

If you are not eligible for the VPTAS then your support person is also not eligible for the VPTAS.

When calculating your travel distance, this does not include any travel by your support person to or from your home.

Support-person-only travel

If a support person doesn't stay with you while you're receiving treatment, they can claim up to 2 return journeys:

- one trip for returning to your home after dropping you off for your treatment
- a second trip for returning from your home to pick you up after your treatment.

Travel for family and friends to visit you in hospital is not eligible.

Subsidies

Subsidies are available for both travel and accommodation. For current subsidy rates, refer to the [VPTAS website](https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas) <https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas>. Any subsidy you receive will not be more than your out-of-pocket costs.

Travel and accommodation subsidies available

Travel and accommodation	Patient subsidy	Additional subsidy for support people
Car	✓	No
Community transport	✓	No
Public transport	✓	✓
Taxi or other ridesharing service	✓	No
Commercial flight	✓	✓
Commercial accommodation	✓	✓

Invoices or receipts needed to support your travel claim

Mode of travel or accommodation	Invoice/receipt required with your claim	Comments
Car (private or rental)	No receipt required	
Community transport	Invoice including: <ul style="list-style-type: none"> passenger details travel dates and destinations 	
Public Transport Victoria (PTV)	Includes V/Line and Myki-accessible services – no receipt required	Fixed daily price
Other public transport	Receipt/Invoice required including: <ul style="list-style-type: none"> date and time pick-up and drop-off location fare amount 	Includes Skybus, ferries, non-V/Line trains or buses
Taxi or other ridesharing service	Taxi or ridesharing receipt including: <ul style="list-style-type: none"> taxi and driver's identification date and time pick-up and drop-off location fare amount 	

Mode of travel or accommodation	Invoice/receipt required with your claim	Comments
Commercial flight	Booking confirmation or tax invoice including: <ul style="list-style-type: none"> • passenger details • travel dates and destination • cost breakdown 	Boarding passes cannot be used
Commercial accommodation	Tax invoice with the following information: <ul style="list-style-type: none"> • accommodation name and address • accommodation provider's Australian Business Number (ABN) • dates and name of the booking • nightly rate and total cost of accommodation 	If booking your own accommodation, the booking can be under your name or the name of your support person

Concession card status (patients over the age of 18 only)

The scheme supports patients who have greatest need for financial assistance. There are different subsidy arrangements for **patients over the age of 18**, depending on your concession card status. You cannot use a support person's concession card to access the scheme.

Summary of concession card status for patients over the age of 18

Age	Primary concession card holder	Non-concession cardholder
Patients over 18 years of age	You will receive the full amount of your eligible subsidies	You will not receive the first \$100 of your eligible subsidies each treatment year

You must be the primary card holder of one of the following approved concession cards:

- Services Australia Pensioner Concession Card
- Services Australia Health Care Card
- Commonwealth Seniors Health Card
- some Department of Veterans' Affairs cards (only applies if you cannot claim from the Department of Veterans' Affairs).

You will need to provide details of your concession or Department of Veterans Affairs card with your claim. We will confirm your card details with Services Australia using Centrelink Confirmation eServices if you give us your consent.

Contribution

If you are not the primary card holder of an approved concession card, you will not receive the first \$100 of eligible subsidies each treatment year. This is called a 'contribution'. Once the \$100 threshold has been reached, you are then eligible for full VPTAS subsidy assistance for the rest of the treatment year. A treatment year is defined as 12 months from the date of your first approved specialist service.

Travel subsidy assistance

Several travel subsidies are available to help you access your specialist service.

Travel subsidies are only provided for:

- travel from your home to the treatment location or your nearby accommodation
- travel from the treatment location or your nearby accommodation back to your home.

Travel mode	Subsidy
Car (private and rental)	Fuel subsidy – cents per kilometre travelled; refer to the VPTAS website < https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas > for current rates
Community transport vehicle	Lesser amount paid of either: <ul style="list-style-type: none"> • fuel subsidy – cents per kilometre travelled • rate charged to the patient (if less than the kilometre rate)
Public transport	Reimbursement of economy fares only; airport shuttle transfers and ferry services are considered public transport
Commercial flight	Reimbursement of economy fares (non-flexible fares); patients must book the most economical fare available and conditions apply – refer to the Travel via commercial flight section
Taxi and other ridesharing service	Subsidy- daily cap amount for some trips, conditions apply – refer to the Travel via taxi section

Trip types

You may travel by a single mode of transport (such as a car) or multiple modes of transport (such as a commercial flight and public transport). You will need to include all transport types with your claim.

There are 4 trips that may apply, depending on your circumstances:

- 1. Return:** when you travel to attend your specialist service and return home.
- 2. Single:** when you travel only one leg of the trip—either to your specialist appointment or returning home from it.
This may occur, for example, if:
 - you go to another location after your treatment instead of returning directly home, or
 - you travel by ambulance for one leg of the journey and use your own transport for the other
- 3. Drop-off:** when your support person drops you off for your specialist service and they return home without you.
- 4. Pick-up:** when your support person travels on their own to pick you up from your specialist service.

Drop-off and pick-up trips are usually for hospital admissions. This includes approved travel where the support person travels without you for a drop-off or pick-up trip. The travel is calculated to or from your home (not your support person's home).

Travel via commercial flight

To be eligible for a flight subsidy you must meet all 3 criteria:

- your home is **further than 350 km** one way from the treatment location and you're flying to a capital city
- you provide evidence from your doctor (GP) or specialist that the service requiring a flight **could not be provided at a closer location** and have evidence from your doctor (GP) or treating specialist that you meet the **clinical criteria** (by completing the flight confirmation form on the [VPTAS website](https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas) <<https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas>>)
- you have booked the cheapest fare available.

If you need to change your flight due to a change in your treatment schedule, any extra charges for flight changes are eligible for subsidy support. You must provide evidence of this from your specialist to support your claim.

If the airline requires a fitness-to-fly or travel clearance form, it is your responsibility to ensure any necessary requirements have been completed. If you're not fit for flight travel, you (and any approved support people) will not be eligible for subsidy support.

If you take a flight but do not meet all eligibility requirements, you will be eligible for a subsidy at the rate of the car travel fuel subsidy (cents per kilometre).

Clinical criteria for flight subsidy access

Undergoing **active clinical management** with any of the following:

- requiring ambulatory oxygen
- requiring regular urinary catheterisation
- requiring frequent nebuliser therapy
- a health condition that will be worsened by or difficult to manage during long private vehicle or public transport travel.

Musculoskeletal instability or restricted mobility with any of the following:

- stabilised bone fracture
- muscular disorder where constant movement during long private vehicle or public transport travel would compromise their healing or treatment outcome
- spinal cord injury
- requires significant assistance moving which prevents travel in a private vehicle or on public transport.

Pain management with any of the following:

- experiencing postoperative pain within 2 weeks of an operation
- bone metastasis
- a prolapsed herniated disc
- severe pain that will most likely worsen during long car or public transport travel.

Clinical urgency requiring the following:

- urgent non-emergency treatment arranged at short notice and would be unreasonable or impossible for the patient to travel to their appointment by private vehicle or public transport in time for treatment.

Travel via taxi (and other ridesharing services)

Taxis and other ridesharing services have specific eligibility criteria. Travel in one of these services from your home **directly** to a treatment location and/or return is **not eligible**.

To be eligible for this subsidy your trip must be one of the following:

- from your home to the closest public transport stop
- from an airport to the treatment location or nearby accommodation (whichever is closer)
- from the closest public transport stop to the treatment location or nearby accommodation (whichever is closer)
- from your treatment location or your nearby accommodation to the closest airport
- from the treatment location or nearby accommodation to the closest public transport
- from the closest public transport stop to your home.

Fares for these trips are not fully reimbursed; instead, a daily subsidy is available.

Subsidy amounts are on the [VPTAS website](https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas) <<https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas>>.

If you have evidence from your specialist that shows you need to travel in a taxi or other ridesharing service for clinical reasons for any of the above eligible trips, please include this with your claim for consideration of full reimbursement.

If you use a taxi or ridesharing service but your trip does not meet the eligibility criteria, you will be eligible for the car travel fuel subsidy rate (cents per kilometre).

What travel costs are not subsidised?

The following travel costs are not subsidised under the scheme:

- travel by ambulance or other emergency support vehicle/flight
- travel undertaken as part of a transfer between hospitals or for treatment between locations while admitted to or attending a hospital
- travel **during** the treatment period – for example, between the treatment location and your accommodation
- travel related to transporting a deceased person
- travel via a hire car (including chauffeured services)
- travel for family members or support people to visit you
- extra car travel costs such as car parking, tolls or car repairs
- travel via non-commercial flights or flights using frequent flyer points
- travel via **flexible fare flights** (flexible fares will only be reimbursed under exceptional circumstances – supporting evidence is required)
- other flight costs – for example, additional baggage, seat allocation, in-flight costs or insurance
- travel via flights for treatment outside a capital city
- support person travel to and from a patient's home
- travel via a taxi or ridesharing service from your home **directly** to a treatment location and return.

Accommodation assistance

A subsidy is available when you have to stay in commercial accommodation related to your treatment. To be eligible for an accommodation subsidy you must meet all the following criteria:

- meet the general VPTAS eligibility criteria
- meet either the 100 km or interstate travel distance requirement
- stay close to your treatment location or in accommodation on the direct route to your home
- provide confirmation from your treating specialist for the number of nights of accommodation you and your support person need.

Commercial accommodation includes hotels, motels, caravan parks, short-term rentals (such as Airbnb) and accommodation provided by some health services, charities or not-for-profit organisations.

Summary of accommodation eligibility

Criteria for accommodation subsidy support	Rural and regional zone residents and support people	Metropolitan zone residents and support people
Travel over 100 km one way to access the closest most appropriate specialist service For residents close to state borders this may involve travel to the closest interstate service	Eligible	Not eligible
For travel less than 100 km one way (block treatment): travel over 500 km in total for a 7-day period	Not eligible	Not eligible
Travel interstate for specialist services	Eligible	Eligible

When accommodation subsidies apply

Timing of service	Criteria options
Before receiving the specialist service	<ul style="list-style-type: none"> • You need to attend a service early in the day and travel that morning is not possible • You have preadmission appointments and travel home in between appointments and hospital treatments is not possible
During the specialist service	<ul style="list-style-type: none"> • You need to attend a specialist service over several days and you need accommodation to avoid travelling home in between your treatments or appointments • Your support person has to stay close by to help while you're admitted into a hospital for treatment

Timing of service	Criteria options
After receiving the specialist service	<ul style="list-style-type: none"> • You have to stay for outpatient specialist medical care or for follow-up appointments • You have to stay close to the treatment location • You have to stay until you meet your fit-to-fly conditions • You need to attend a service late in the day and travel that evening is not possible or transport is not available after discharge from hospital

Accommodation subsidies are not for long-term support. The scheme will only support continuous accommodation subsidies for a maximum of 6 months. Stays longer than 6 months will need more written evidence from your treating specialist.

If your specialist changes your treatment schedule and you do not stay in your booked accommodation but are still charged for the accommodation, you may be eligible for subsidy support. You will need to provide evidence of the reasons for the change.

Accommodation for hospital admissions

If you are admitted into hospital, you're no longer eligible for an accommodation subsidy. If your support person stays close to the treatment location in commercial accommodation, they can apply for subsidy support during your hospital admission when confirmed by the specialist.

In-transit accommodation

If you have to stay overnight on the way to or from your specialist service, ask your specialist to confirm the number nights of accommodation required. You will need to stay in accommodation along the direct route of travel to or from your specialist service.

What accommodation costs are not subsidised?

The following accommodation costs are not subsidised under the scheme:

- stays with non-commercial accommodation providers
- stays in private accommodation (for example, if you stay with family or friends)
- stays of longer than 6 months (without VPTAS approval)
- when you're admitted into hospital
- accommodation (outside in-transit accommodation) that is not close to your treatment location.

Applying for a claim

Completing and submitting a claim

For the most up-to-date information on how to complete and submit a claim, visit the [VPTAS website](https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas#lodge-the-vptas-claim-form) <<https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas#lodge-the-vptas-claim-form>>.

Declaration

You (or the person lodging the claim on your behalf) must fill out a declaration that the information provided in the claim is true and correct. Claims cannot be processed without a declaration.

Lodging a claim on behalf of another person

You can lodge a claim on behalf of another person if you:

- are the parent or guardian of children/dependants
- have legal responsibility for an adult.

When submitting the claim, you may need to provide evidence that you can lodge a claim on behalf of another person. The department may ask for evidence such as a power of attorney, court order, child's birth certificate or other legal documents.

Evidence to support your claim from your specialist

Your treating specialist will need to provide the following to support all claims for processing.

Specialist details: name, Medicare provider number and treatment location	✓
The dates you visited the specialist or of your treatment	✓
If you need a support person (for patients over the age of 18 years)	✓
If you need accommodation and the number of nights required	✓
When you travel via a commercial flight: <ul style="list-style-type: none">• a flight confirmation form must be completed by your specialist or GP (available from the VPTAS website <https://www.health.vic.gov.au/rural-health/victorian-patient-transport-assistance-scheme-vptas>	✓
When you travel interstate: <ul style="list-style-type: none">• if the interstate specialist service is not the closest service, you must include a letter from your specialist confirming the need to travel interstate for treatment not offered in Victoria	✓

Claim processing timeframes

Claims will be processed within 8 weeks of receipt.

Outcomes of claim assessment

If your claim is successful, you'll get a remittance notice detailing the subsidies you'll receive. If your claim doesn't meet the scheme's criteria, you will get an email or letter.

Subsidy payments

Payments will be made into your nominated bank account within a few days of processing. The VPTAS office is not responsible for funds deposited when incorrect account details have been provided.

Third-party providers

Third-party providers are organisations that assist with travel and/or accommodation. They include registered charities, not-for profits and non-government organisations. These providers offer financial assistance or organise travel and accommodation services. You can nominate to have your subsidies paid directly to a third-party provider if you like. If you're not eligible for VPTAS assistance, or your subsidies don't cover the funds that the third-party provider requests, the third-party provider will ask you to pay any outstanding costs.

Requesting an appeal of your claim

You can ask for an appeal if your claim is unsuccessful but believe you meet the criteria. To request an appeal, submit your request in writing within 3 months of being notified of the original outcome.

Email: VPTAS@health.vic.gov.au

Mail: VPTAS office
GPO Box 4057
Melbourne VIC 3001

Please include any extra information or evidence to support your appeal request. You will be notified of your appeal outcome within 30 days.

Providing feedback

The Department of Health welcomes and values all feedback about the scheme including complaints. You can provide feedback in several ways:

- by contacting the VPTAS office via phone (free call) on 1300 737 073
- by writing to the VPTAS office either via email or mail

Email: VPTAS@health.vic.gov.au

Mail: VPTAS office, GPO Box 4057, Melbourne VIC 3001

You can also provide feedback to the Department of Health via the [Feedback and Complaints Management System](https://www.health.vic.gov.au/feedback-and-complaints) <<https://www.health.vic.gov.au/feedback-and-complaints>>.

The Health Complaints Commissioner also accepts complaints. More information is available on the [Commissioner's website](https://hcc.vic.gov.au/) <<https://hcc.vic.gov.au/>> or by calling 1300 582 113.

Claim auditing

The department undertakes regular audits of random claims to confirm treatment details are correct. This includes checking information from patients, support people and specialists.

The VPTAS has the right to recover funds in the following circumstances:

- if false or misleading information has been provided as part of the claim
- for subsidy overpayments.

The VPTAS may deduct any funds it is owed from future claims. Giving false or misleading information is a serious offence. The VPTAS may refer claimants who make false or misleading claims to Victoria Police for investigation.

Privacy collection notice

The Department of Health is committed to protecting your privacy in line with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

We collect and handle personal and health information to administer and process payments for VPTAS claims. Your personal and health information will be used and disclosed only as necessary for these purposes.

Your information may also be used for analysis, reporting and to inform policy. No individual will be identifiable in information shared for these purposes.

If you choose not to provide your personal information or only provide some of the information requested, we may not be able to process your claim.

To process and administer your claim, we may share some of your information with Services Australia (for concession card or Department of Veteran's Affairs card validation) or healthcare, transport and accommodation providers.

For more information on the department's privacy collection practices refer to our [Privacy policy](http://www.health.vic.gov.au/department-of-health-privacy-policy) <<http://www.health.vic.gov.au/department-of-health-privacy-policy>>.

You have a right to access and correct your personal information. To make a freedom of information request, refer to the department's [Freedom of information webpage](https://www.health.vic.gov.au/freedom-of-information) <<https://www.health.vic.gov.au/freedom-of-information>>.

By submitting a claim, you acknowledge that you have read and understood all the information detailed in the collection notice.

Contact us

The VPTAS office can be contacted via the following:

- phone: 1300 737 073
- email: vptas@health.vic.gov.au
- mail: VPTAS office
GPO Box 4057
Melbourne VIC 3001

Interpreter and translating services are available on **13 14 50**. You can also use the National Relay Service on **13 36 77**.

Appendix 1: Definitions

For the purposes of the Victorian Patient Transport Assistance Scheme, the following definitions apply.

Term	Definition
Aboriginal and Torres Strait Islander	A person who has identified themselves or has been identified by a representative (for example, a parent or guardian) as being of Aboriginal and/or Torres Strait Islander origin.
Adult	A person over the age of 18.
Child	A person aged over 6 months and under 18 years.
Commercial accommodation	Accommodation operated on a commercial basis, registered as a business and has an Australian Business Number (ABN) and: <ul style="list-style-type: none"> • accommodation is offered to the public who are deemed guests, with the main purpose to provide accommodation • there is central management to accept reservations that can be booked in advance • room availability and rates are available to the public.
Community transport	Services provided by community sector organisations, local government agencies or not-for-profit organisations to assist patients access specialist appointments.
Dental specialist	A dentist registered with the Australian Health Practitioner Regulation Agency (Ahpra) as a dental practitioner with a registration type as specialist.
Hire car	A prebooked service that cannot be hailed, are not metered and a set fee is charged. Hire cars are not eligible under the scheme.
Itinerant worker	Someone who has no fixed place of employment and stays in accommodation at their temporary job location.
Medical specialist	A medical practitioner registered with Medicare Australia or with the Australian Health Practitioner Regulation Agency (Ahpra) as a medical specialist, as per the list of recognised specialist services within Australia included on the Schedule 1 of the Health Insurance Regulations 2018 (Commonwealth) <http://classic.austlii.edu.au/au/legis/cth/consol_reg/hir2018273/sch1.html>.
Non-commercial clinical trial	A trial conducted without a commercial company sponsor, with no financial reimbursement for taking part in the trial.
Patient	The person receiving the specialist service.
Public transport	A mode of transport available to the general public that charges a fixed fare along a fixed route.

Term	Definition
Rental car	A vehicle hired for a short period and driven by the hirer.
Specialist service	Treatment/appointments overseen by a medical or dental specialist.
Taxi or other ridesharing services	A taxi is a metered vehicle that can be hailed or prebooked. Ridesharing services include Uber and Didi and are booked via an app.
Third-party provider, organisations or service provider	Organisations including registered charities, not-for-profits and non-government organisations that provide patients with financial assistance or organises travel and accommodation services.
Treatment date	The date an appointment or treatment occurs.
Treatment period	The period where multiple appointments or days of treatment occur.
Treatment year	A 12-month period from the date of the patient's first approved specialist treatment or appointment.

Appendix 2: Specialist medical services

Addiction medicine

Anaesthesia

Bone densitometry

Dermatology

Dialysis

Emergency medicine

Obstetrics and gynaecology

Occupational and environmental medicine

Ophthalmology

Paediatrics and child health

- Clinical genetics
- General paediatrics
- Neonatal and perinatal medicine
- Paediatric cardiology
- Paediatric emergency medicine
- Paediatric endocrinology
- Paediatric gastroenterology and hepatology
- Paediatric haematology
- Paediatric immunology and allergy
- Paediatric infectious diseases
- Paediatric intensive care medicine
- Paediatric medical oncology
- Paediatric nephrology
- Paediatric neurology
- Paediatric nuclear medicine
- Paediatric palliative medicine
- Paediatric rehabilitation medicine
- Paediatric respiratory and sleep medicine
- Paediatric rheumatology
- Pain medicine

Palliative medicine

Pathology

Physicians

- Cardiology
- Clinical genetics
- Endocrinology
- Gastroenterology and hepatology
- General medicine
- Geriatric medicine
- Haematology
- Immunology and allergy
- Infectious disease
- Medical oncology
- Nephrology
- Neurology
- Nuclear medicine
- Respiratory and sleep studies
- Rheumatology

Psychiatry

Public health medicine

Radiation oncology

Radiology

Rehabilitation medicine

Renal medicine

Sexual health medicine

Sport and exercise medicine

Surgery

- Cardiothoracic surgery
- General surgery
- Hand surgery
- Neurosurgery
- Orthopaedic surgery
- Otolaryngology (ear, nose, throat)
- Oral and maxillofacial surgery
- Paediatric surgery
- Plastic and reconstructive surgery
- Urology
- Vascular surgery

Appendix 3: Specialist dental services

Specialty	Description
Dento-maxillofacial radiology	The branch of dentistry that deals with diagnostic imaging procedures applicable to the hard and soft tissues of the oral and maxillofacial region and to other structures relevant for the proper assessment of oral conditions.
Endodontics	The branch of dentistry concerned with the morphology and pathology of the pulpo-dentine complex and periradicular tissues. Its study and practice encompass the basic clinical sciences including the biology of the normal pulp, and the aetiology, diagnosis, prevention and treatment of diseases and injuries to the pulp and associated periradicular tissues.
Oral or maxillofacial surgery	Dental surgery for the diagnosis and surgical and adjunctive treatment of diseases, injuries and defects of human jaws and associated structures.
Oral medicine	The branch of dentistry concerned with the diagnosis, prevention and predominantly non-surgical management of medically related disorders and conditions affecting the oral and maxillofacial region, in particular oral mucosal disease and orofacial pain as well as the oral health care of medically complex patients.
Oral or maxillofacial pathology	The branch of pathology that deals with the nature of diseases affecting the oral, maxillofacial and adjacent regions.
Oral surgery	The branch of dentistry concerned with the diagnosis and surgical management of conditions affecting the oral and dentoalveolar tissues.
Orthodontics	The branch of dentistry concerned with the supervision, guidance and correction of the growing and mature dentofacial structures including the diagnosis, prevention, interception and treatment of malocclusion of the teeth and associated alterations in their surrounding structures.
Paediatric dentistry	The branch of dentistry concerned with preventive and therapeutic oral healthcare for children from birth through to adolescence and those with special needs. It includes management of orofacial problems related to medical, behavioural, physical or developmental disabilities.
Periodontics	The branch of dentistry concerned with the prevention, diagnosis and treatment of diseases or abnormalities of the supporting tissues of the teeth and their substitutes.

Specialty	Description
Prosthodontics	The branch of dentistry that deals with the restoration and maintenance of oral health, function and appearance by coronal alteration or reconstruction of the natural teeth, or the replacement of missing teeth and contiguous oral and maxillofacial tissues with substitutes.
Special needs dentistry	The branch of dentistry concerned with the oral health care of people with an intellectual disability, medical, physical or psychiatric conditions that require special methods or techniques to prevent or treat oral health problems or where such conditions necessitate special dental treatment plans.