Making a claim - continued

Payments on successful claims are made or claimants are advised of the need for additional information to support a claim within six to eight weeks of the claim being received.

Further information

Details about the subsidy levels and eligibility criteria are in the VPTAS guidelines. Follow the links from our website <www.health.vic.gov.au/ruralhealth> or contact the Victorian VPTAS office.

Victorian VPTAS office
Phone: 5333 6040
Freecall: 1300 737 073

To receive this document in an accessible format phone the Victorian VPTAS Office on 5333 6063.

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What assistance is provided?
The scheme provides a partial subsidy for the travel and accommodation costs incurred by rural Victorians and an approved escort when travelling a long distance or staying away from home to receive medical specialist services.

Who is eligible?
To be eligible for assistance patients must meet all of the following criteria:
• be a Victorian resident
• live in a Department of Health designated rural region
• be receiving specialist medical treatment under specialty treatment codes 001-099, 102 or 115 from an approved medical specialist service registered with Medicare Australia (refer to the guidelines for eligible specialist treatments), and
• need to travel more than 100 kilometres one way, or an average of 500 kilometres per week for a minimum of five consecutive weeks.

General practitioners are expected to take into consideration the specific medical needs of the patient and minimise the travel required by referring to the nearest approved medical specialist service.

Do you live in rural Victoria and have no option but to travel a long distance to receive specialist medical services?

To consistently and accurately calculate the most direct and simplest surface route between the patient’s permanent residence and the approved medical specialist service, the department uses the route planner system. This determines whether the minimum distance criteria is met and if so, the subsidy payment.

Follow the links on our website <www.health.vic.gov.au/ruralhealth> to access the route planner.

Subsidies for private car travel are based on a per kilometre rate.

Non-concession card holders
Patients who are not the primary card holder of an approved Pensioner Concession Card or Health Care Card will pay the first $100 each treatment year. Once the $100 payment has been made patients will receive full VPTAS assistance for the remainder of that treatment year.

Are escorts covered?
An approved patient escort may also be eligible to seek assistance for travel and commercial accommodation costs. An escort is responsible for the patient’s needs for the period of transport and accommodation during treatment. An escort must be deemed necessary by the approved medical specialist.

Who is ineligible?
Patients who:
• participate in clinical trials or experimental treatments
• reside in states or territories other than Victoria
• are on holidays or whilst visiting friends or family both intra or interstate
• are undertaking a journey to or from outside Australia
• are accessing allied health (for example, physiotherapy, osteopathy, podiatry) or general practitioner services
• are eligible to claim assistance under another state, territory or Commonwealth scheme or from a registered benefits organisation including the Department of Veterans’ Affairs
• have received or claimed by way of compensation, damages or other payment in respect to the illness or injury being treated
• were injured in a motor vehicle accident and are covered by the Transport Accident Commission
• were injured at work and are covered by WorkCover.

Making a claim
VPTAS claim forms are available from most general practitioners, rural and metropolitan hospitals, your Department of Health regional office or follow the links on our website <www.health.vic.gov.au/ruralhealth>.

Claim forms must be submitted to the Victorian VPTAS Office no later than 12 months from the date of the first specialist appointment.