Queensland Government

Patient Travel Subsidy Scheme (PTSS)

Accommodation confirmation (Form D)

Section A - Patient details (HHS to complete)

Title | Given name(s) | Family name | Identification number

Section B - Accommodation details (HHS or accommodation provider to complete)

☐ Commercial accommodation ☐ Private accommodation

Accommodation facility name (if commercial accommodation) | Contact person

Contact number | Fax number | Email address

Did the patient and / or escort stay a different number of nights than were approved? ☐ Yes ☐ No

If yes, provide details

I declare that the number of nights claimed are a true reflection of the actual nights stayed by the approved patient and / or patient escort(s).

Accommodation provider signature | Date (DD / MM / YY)

Section C - Approved patient / patient escort details (HHS to complete)

	Approved patient details	Approved patient escort details
Given name(s)		
Family name		
Best contact number		
Check-in date (DD / MM / YY)		
Check-out date (DD / MM / YY)		
Total number of nights subsidised		

Total subsidy approved for reimbursement

Section D - Approving hospital details (HHS to complete)

Hospital name

Contact person | Contact number | Fax number

Email address

Section E - Patient declaration (patient / guardian / patient escort to complete)

I confirm that I stayed in the accommodation over the period approved above. I agree for any accommodation subsidy for which I have been approved to be paid directly to the accommodation facility. I am aware that I am liable at checkout for the full cost of any additional accommodation not previously approved by my closest public hospital or health facility.

Patient (if 18 years or over) or Guardian / Carer Signature | Date (DD / MM / YY)

Patient escort signature | Date (DD / MM / YY)

Hospital and Health Service use only

I, as the medical superintendent (or representative), authorise the above accommodation as required.

Approver name | Approver signature | Date (DD / MM / YY)