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# Application for Accommodation/Travel Benefits

## Client details

St.LukesHealth membership number:

Policy holder:

Address:

## Practitioner declaration

I hereby certify that

has been **referred to me** for consultation / treatment on

  /   /    

and that (tick box where applicable):

I am the nearest available specialist.

An attendant was necessary to accompany the patient.

The patient is not eligible for assistance under the Patient Travel Assistance Programme.

The Treatment is essential and not available in the area in which the Patient resides.

In my opinion the treatment may take  days.

if not eligible for the patient travel assistance programme, please state reasons:

Name of practioner (please print):

Signed:

Practice address: