



Australian Government
Department of Health

MEDICAL TREATMENT OVERSEAS PROGRAM APPLICATION FORM

The Australian Government may provide financial assistance through the Medical Treatment Overseas Program (MTO) for Australian citizens and permanent residents suffering from a life threatening condition to receive medical treatment overseas.

Applications are assessed against, and must meet, each of the following four mandatory eligibility criteria:

- A) the proposed overseas treatment or an effective alternative treatment must not be available in Australia in time to benefit the applicant;
- B) the treatment must be significantly life extending and potentially curative;
- C) there must be a real prospect of success for the applicant; and
- D) the treatment must be accepted by the Australian medical profession as a standard form of treatment for the applicant's condition.

The applicant's referring Australian treating specialist must assist in completing the application form, sign the application and provide supporting medical documentation. Supporting information should include, but is not limited to, relevant medical history, operative, pathology and imaging reports, copies of medical images and scans, the referral letter to the overseas treating specialist and copies of supporting literature.

Note: *Applications for Proton Beam Radiation Therapy must be submitted with comparative proton versus photon plans. Photon therapy is available in Australia and may be an effective treatment for applicants requiring radiotherapy.*

Applications should be made according to the requirements set out in the *Financial Assistance to Australian Residents Requiring Medical Treatment Overseas Guidelines for Applicants*.

Applications for experimental treatment, participation in clinical trials, for treatment of a non-life threatening condition or where the treatment is palliative in nature and not with curative intent will *not* be assessed. Incomplete applications will *not* be assessed.

When evaluating whether the medical condition and required treatment meets the four mandatory eligibility criteria, the Panel of Departmental Medical Advisers will make the final assessment based on the medical information provided by the applicant together with expert advice received from relevant specialist groups.

Please return the completed application form and supporting documentation to:

The MTO Administrator
Medical Treatment Overseas Program
Medical Benefits Division
MDP 951
Department of Health
GPO Box 9848
CANBERRA ACT 2601

Enquiries should be directed to the MTO Administrator on (02) 6289 7496 or email MTOP@health.gov.au

Part A: Applicant's details

<p>The applicant's name and contact details:</p>	<p>Family name:.....</p> <p>Other names:.....</p> <p>Title:..... Male / Female</p> <p>Date of birth:.....</p> <p>Address:.....</p> <p>.....</p> <p>Daytime telephone:.....</p> <p>Mobile:.....</p> <p>Email:.....</p>
<p>The names of the applicant's parents or guardian:</p> <p>Note: This only needs to be answered if the applicant is less than 18 years of age or is unable to submit the application for medical reasons (evidence of guardianship is required in this instance).</p>	<p>Mother's full name:.....</p> <p>Father's full name:.....</p> <p>Guardian's full name:.....</p>
<p>Does the applicant require an attendant to accompany them overseas?</p> <p>An attendant will <u>not</u> be approved unless the Australian treating specialist provides satisfactory evidence that an attendant is necessary, indicates the type of medical support required, the duration of that support and also provides details of the clinical qualifications and/or skills the medical attendant must have in order to support the applicant while travelling, and while overseas.</p> <p>Note: Financial assistance for one (1) accompanying parent is approved automatically for applicants less than 18 years of age.</p>	<p>Yes / No</p> <p>Attendant's name:.....</p> <p>Relationship to the applicant:.....</p> <p>Attendant's address:.....</p> <p>.....</p> <p>Daytime telephone:.....</p> <p>Mobile:.....</p> <p>Email:.....</p>
<p>The MTOP is <u>only</u> available for Australian citizens and permanent residents who are eligible to receive Medicare benefits, and who are residing in Australia. A copy of the applicant's Medicare card must accompany the application.</p> <p>Note: The Department of Health will provide your Medicare number to the Department of Human Services for the purpose of determining your eligibility for Medicare benefits.</p>	<p>Applicant's Medicare number:</p>
<p>Does the applicant hold Private Health Insurance?</p> <p>Does the insurance cover any costs associated with overseas hospital and/or medical care?</p>	<p>Yes / No</p> <p>Name of health fund:.....</p> <p>Yes / No</p> <p>Provide details:</p> <p>.....</p>

<p>Have any other funds been received (or are likely to be received) to assist with the cost of the applicant's medical treatment and/or associated expenses?</p> <p>Note: Applicants may receive funding from other sources including their private health fund or from compensation schemes (eg., private health insurance, travel, workers' compensation or third party claims).</p> <p>Applicants may also receive financial support to assist in receiving the overseas treatment from funds raised in the community including through public donations or support from charitable organisations.</p> <p>The Department <u>will</u> require applicants to provide further information and an audit report of such funds where they have been provided.</p>	<p>Yes / No</p> <p>Type of funding:.....</p> <p>Source of funding:.....</p> <p>Name of the fund:.....</p> <p>Principal trustee's name:.....</p> <p>Address:.....</p> <p>.....</p> <p>Daytime telephone:.....</p> <p>Fax:.....</p> <p>Email:.....</p>
<p>Would the applicant like to nominate another person (Nominated Representative) to receive information relating to the applicant's application or participation in the MTOP? (For example, spouse, social worker, other family members).</p>	<p>Yes / No</p> <p>Name:.....</p> <p>Relationship to applicant:.....</p> <p>Name:.....</p> <p>Relationship to applicant:.....</p> <p>Name:.....</p> <p>Relationship to applicant:.....</p> <p>Name:.....</p> <p>Relationship to applicant:.....</p>

Part B: Notification

PRIVACY NOTICE MEDICAL TREATMENT OVERSEAS PROGRAM

The Australian Department of Health is collecting personal information about you for the purpose of determining your eligibility for financial assistance under the Medical Treatment Overseas Program (MTO) and for administering the MTO, including the amount of financial support provided to you if your application is successful. This involves collecting personal information about you from the Department of Human Services for the purpose of determining your eligibility for Medicare benefits and, if necessary, collecting personal information about you from your referring Australian treating specialist and your proposed overseas treating specialist.

The Department of Health can be contacted by telephone on (02) 6289 1555 or free call 1800 020 103 or by using the online enquiries form at [Department of Health's website](#).

If you do not provide all of the personal information required, the Department may not be able to determine your eligibility for financial assistance or provide you with financial support if your application is successful.

The Department may disclose your personal information to:

- your Nominated Representative (if applicable);
- the Department of Human Services;
- your referring Australian treating specialist;
- your proposed overseas treating specialist.

Additionally, if your case is the subject of a media report or inquiry, the Department or the Minister may respond, including publicly, to correct or to confirm the content of the report or inquiry. Such a response may involve disclosure of personal information about you.

The Department may also disclose de-identified information relating to your medical condition to medical expert groups. You may be identifiable, however, if your medical condition is rare.

The Department has an [APP privacy policy](#) which you can read on the [Department of Health's website](#). You can also obtain a copy of the APP privacy policy by contacting the Department using the contact details set out above. The APP privacy policy contains information about:

- how you may access the personal information the Department holds about you and how you can seek correction of it; and
- how you may complain about a breach of the Australian Privacy Principles.

The Department may disclose some of your personal information to overseas recipients including the proposed treatment facility where you will receive medical treatment.

CONSENT TO COLLECTION OF SENSITIVE INFORMATION AND APPLICANT DECLARATION

1. I consent to the Department of Health collecting health information about me for the purpose indicated above.
2. I hereby state that all information provided in this application is true and correct to the best of my knowledge. I have read and understood the *Financial Assistance to Australian Residents Requiring Medical Treatment Overseas Guidelines for Applicants (Guidelines)*

Applicant's/Parent's/Guardian's signature

Date

Full name of person signing (in block letters)

Part C: Diagnosis/treatment

Parts C and D must be completed by the treating specialist in Australia. All applications should be supported by current medical reports so that a valid medical assessment of the application can be made.

Note: Applicants may have difficulty demonstrating that they meet the medical criteria if they do not provide evidence to support their claims.

Note: Applications for Proton Beam Radiation Therapy **must** be submitted with comparative proton versus photon comparison plans.

<p>The name and contact details of the applicant's treating specialist in Australia:</p>	<p>Name & Title:.....</p> <p>Address:.....</p> <p>.....</p> <p>Daytime telephone:.....</p> <p>Mobile:.....</p> <p>Email:.....</p>
<p>The applicant's life-threatening condition:</p>	<p>Diagnosis:.....</p>
<p>The lifesaving treatment proposed:</p>	<p>Proposed treatment:.....</p> <p>.....</p>
<p>The name and contact details for the proposed overseas treating specialist and proposed treatment centre:</p> <p>Note: For administrative purposes the MTOP requires the referring Australian treating specialist to provide letters of referral and patient history documentation as provided to the proposed overseas treating specialist and proposed treatment centre.</p> <p>The assessment process will not commence without this documentation.</p>	<p>Name & Title:.....</p> <p>Address:.....</p> <p>.....</p> <p>Treatment Centre:.....</p> <p>Telephone:.....</p> <p>Fax:.....</p> <p>Email:.....</p>
<p>Other known treatment centre(s) that provide this treatment:</p>	<p>Name and location of other treatment centre(s):</p> <p>.....</p> <p>.....</p> <p>Reason the proposed treatment centre is preferred:</p> <p>.....</p> <p>.....</p>

<p>Length of proposed treatment and total period overseas, including pre and post-treatment appointments and medically supported recovery period:</p>	<p>Treatment period:</p> <p>Total period overseas (including any mandatory pre or post-treatment appointments and/or recovery period):</p> <p>.....</p>
<p>Are there any specific travel requirements for the applicant on either the flight to the overseas treating facility or return flight to Australia?</p> <p>If yes, please outline the medical reason why, and the specific travel requirements (for example, special medical equipment, oxygen supply, medically assisted transfer):</p>	<p>Yes / No (flight to overseas treating facility)</p> <p>Yes / No (return flights to Australia)</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Is there a requirement for an attendant to accompany the patient overseas?</p> <p>Is there a requirement for an attendant to stay with the patient while overseas receiving treatment?</p> <p>Note: Since funding will be automatically approved for an attendant if the applicant is less than 18 years of age, this question only needs to be answered if the applicant is 18 years or over.</p>	<p>Yes / No</p> <p>Yes / No</p> <p>If yes, the referring Australian treating specialist <u>must</u> attach a letter to this application which indicates:</p> <ul style="list-style-type: none"> - why an attendant is required to support the applicant; - the type of medical support required; - the duration the support is required; and - the details of clinical qualifications and/or skills the attendant must have, where necessary, in order to support the applicant.
<p>Has the applicant been accepted as a patient of the proposed treating facility?</p> <p>Note: For administrative purposes the MTOP requires applicants to provide documentation with quotes for treatment costs with the application form. The assessment process will not commence without this documentation.</p>	<p>Yes / No</p> <p>Please attach to the application a detailed written quote from the overseas treating hospital which states specifically and in detail: the number of treatment/surgeries required for the patient, number of all post-operative care/follow up visits, and total cost of the proposed treatment.</p>

Criterion C: There must be a real prospect of success for the applicant.

Clinical evidence including medical evidence regarding the stage of the applicant’s medical condition, the results of any prior treatment and any significant co-morbidities, must be provided to demonstrate that the proposed treatment has a strong probability of success for the individual applicant.

Information regarding the patient’s prognosis without the proposed treatment, with alternative treatments available in Australia (if any), and with the proposed overseas treatment should also be provided by the referring Australian treating specialist.

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Criterion D: The treatment must be accepted by the Australian medical profession as a standard form of treatment for the applicant’s condition.

Evidence must be provided that this treatment is accepted by the Australian medical profession as a standard form of treatment. For example:

- position statements published by relevant Australian medical expert groups; and
- where relevant, a comparison with alternative treatments should also be provided.

In assessing the application, the Department of Health may also seek information or opinion from relevant professional organisations or independent medical experts.

The MTOP is not available for applicants seeking support to receive experimental treatment or to participate in a clinical trial.

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_____ **Australian treating specialist’s signature**

_____ **Date**

_____ **Full name of the Australian treating specialist (in block letters)**

APPLICATION CHECKLIST

Please ensure that Parts A, B, C and D of the application form are completed and that you have included all of the documents listed below, when submitting your application to the MTOP:

- Copy of Medicare Card
- Copy of Birth certificate
- Copy of Passport
- Evidence of permanent residency (for non-Australian citizens)
- Detailed treatment plan from proposed treating hospital
- Itemised quote from proposed treating hospital
- Letter of support from your referring Australian treating specialist if a medical attendant is required to accompany the applicant overseas
- Supporting medical documentation including:
 - medical referrals to the overseas specialists and treatment centres
 - relevant medical history and hospital/operative reports
 - medical images and scans
 - imaging and pathology reports
 - applications for proton beam radiotherapy must be submitted with a proton versus photon comparison plan
- Page 4 - Applicant must sign the Consent, Application and Declaration form
- [Part C](#) referring Australian treating specialist must complete this section
- [Part D](#) referring Australian treating specialist must complete this section
 - [Criterion A](#)
 - [Criterion B](#)
 - [Criterion C](#)
 - [Criterion D](#)
- Page 10 - referring Australian treating specialist must sign the application