Australian Government
Department of Health, Disability and Ageing

MTOP Frequently Asked Questions

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Pre-Application/Eligibility

‘What are the MTOP administrative eligibility criteria?’

To be assessed under the MTOP, an application must meet the administrative criteria below.

The applicant must:

- be an Australian citizen or an ‘Australian resident’ as defined in subsection 3(1) of the Health Insurance Act 1973 (i.e., the applicant must be eligible for Medicare)
- be residing in Australia as their usual place of residence

The overseas medical treatment must:

- be for the treatment of a life-threatening condition
- be a specific treatment (not for obtaining medical advice or a medical assessment before a definitive treatment plan is confirmed)
- be completely administered outside of Australia
- be of curative intent (the treatment cannot be palliative in nature or for the management of symptoms without the prospect of a cure)
- **not** be experimental
- **not** be provided as part of an overseas clinical trial
- **not** be for emergency medical assistance while travelling overseas

The application must:

- be submitted using the correct MTOP application form
- be **supported and signed by the Australian treating specialist**
- be signed by the applicant (or their parent or legal guardian)
- include all required documentation as listed in the application form
- include sufficient information about the applicant’s medical condition and proposed treatment to assess the application against the four medical eligibility criteria

‘What are the MTOP medical eligibility criteria?’

The MTOP has four medical eligibility criteria. All four criteria must be met for an application to be approved.

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

A detailed breakdown of each criterion is available in the MTOP Guidelines (Financial Assistance to Australian Residents Requiring Medical Treatment Overseas - Guidelines for Applications).

‘I received emergency surgery when I was travelling overseas, am I eligible for MTOP funding?’

No. The MTOP does not provide funding for any unplanned medical treatment while travelling overseas.

Individuals and families are encouraged to obtain appropriate travel insurance before travelling overseas, and to contact their insurer about any medical care received overseas.

Australians preparing to travel, or already overseas, are encouraged to visit the Smartraveller website (https://www.smartraveller.gov.au/) for travel advice and support.

‘I am interested in submitting an application to the MTOP but am not sure if this is the correct pathway for me. Who should I speak to?’

If you are considering applying to the MTOP, you should first speak with your Australian treating specialist.

Your treating specialist can advise whether an MTOP application is appropriate based on your clinical circumstance.

An Australian treating specialist can apply to the MTOP on behalf of their patient (the applicant). The Australian treating specialist must also refer the applicant to the overseas treatment facility (or provide evidence that another Australian specialist has done so).

Links to the MTOP Application Form and Guidelines can be found online at Medical Treatment Overseas Program

‘How do I submit an application to the MTOP?’

Complete applications must be submitted by email to MTOP@health.gov.au. Applications can be submitted by either:

- the Australian treating specialist
- another member of the applicant’s Australian treating team such as a registrar, nurse or social worker
- the applicant (or their parent or legal guardian)
- a nominated representative of the applicant (such as a spouse or partner)

If your documents are too large to send in one email, they may be sent across multiple emails. PDF format is preferred.

‘I am in the process of getting myself a passport, can I submit my MTOP application while I wait to receive it?’

Yes. Copies of an applicant’s Medicare card, birth certificate and passport are required for administrative purposes only.

Applications can still be submitted and proceed to medical assessment without these documents, provided that all required medical documentation has been submitted.

‘How long will it take to receive an outcome on my application?’

The MTOP aims to provide an outcome within the following timeframes (from the date a complete application is received):

- PBT applications (no comparative plan required): 10 business days
- PBT applications (comparative plan required): 20 business days
- Other applications: 30 business days

Applications cannot proceed to medical assessment until all required medical information has been provided.

Applicants and treating specialists should use the Application Checklist in the MTOP Application Form to make sure all required documents are included.

Please note, priority is given to applications submitted before treatment starts. Retrospective applications may take longer to assess than what is outlined above.

‘My doctor is about to submit an application and needs an outcome urgently, can the assessment process be expedited?’

The MTOP aims to provide all applicants with an outcome on their application as quickly as possible.

If the application is clinically urgent, the Australian treating specialist should explain this clearly in the application. They should also include details of any important treatment dates or timeframes.

Australian treating specialists should submit applications as early as possible. This helps allow enough time to assess the application and, if it is approved, to arrange treatment and travel.

‘We have been raising money on GoFundMe; will this impact the funding provided by MTOP if the application is approved?’

Approved applicants may receive money from other sources, such as public donations, charities or compensation payments.

However, any funds received from other sources to help pay for the approved treatment or related overseas costs must be used first. MTOP funding should only be used as a last resort.

If money is being raised through community fundraising or public donations, the fundraising information should clearly explain how the money will be used if the MTOP application is approved. For example, it could say the money will be used for costs not covered by the MTOP, such as:

- out of pocket costs for treatment in Australia
- lost income during the treatment period
- travel costs for extra family members other than the approved carer
- daily living costs such as food, local transport and tips

Approved applicants must be transparent about all other funding they have asked for or received.

The amount of MTOP funding provided may be reduced if an approved applicant receives other money because of their condition or proposed treatment. For example, this may apply if an approved applicant receives a lump sum compensation payment for the condition being treated.

Submitted Applications

‘What happens if the outcome of the initial medical assessment is negative? Is that the final decision on my application?’

Once an eligible and complete application has been received by the MTOP, a Panel of the department’s Medical Advisers assesses the application against the Program’s four medical eligibility criteria.

If, following the initial medical assessment, the Panel determines that one or more of the criteria have not been met, both the Australian treating specialist and the applicant will be notified. This outcome does not represent a final decision on the application.

The Australian treating specialist will be provided with a copy of the initial (negative) medical assessment, including all the clinical information and advice considered during the assessment process. The Australian treating specialist will then be given 21 days to provide comments and submit any additional information in support of the application.

The Panel will consider all information provided before finalising the assessment.

If no response is received by the end of the 21-day period, the medical assessment will be finalised based on the information available.

Once the medical assessment has been finalised, advice will be provided to the MTOP Delegate for decision.

‘If my application is approved, what does the MTOP cover?’

If an application is approved, funds are allocated for the applicant and one carer to cover:

- hospital and medical costs associated with the approved overseas treatment
- fully flexible return airfares
- reasonable non-hospital accommodation for the approved treatment period
- passports and visa costs (if applicable)
- departure taxes (if applicable)
- travel insurance
- return airport transfers (in Australia and overseas)

The MTOP does not cover daily living costs, such as food, room service, vehicle hire, daily transport, phone calls, SIM cards, mobile plans or internet.

The MTOP also does not cover any medical care for the approved carer, or costs for other people travelling with them.

‘I submitted an application to the MTOP but am planning to travel and commence treatment overseas prior to receiving a decision on my application. Will this negatively impact the assessment of my application?’

Applicants who choose to travel overseas and start treatment before receiving a decision on their application will not be disadvantaged in the assessment process.

Once an applicant has travelled, the application is considered retrospective. This does not change how the application is assessed.

Please note, travelling overseas prior to receiving a decision means that the applicant accepts the risk of being personally responsible for all costs incurred should their application not be approved.

‘I already received treatment overseas but am interested in submitting an application to the MTOP, am I able to do this?’

Applications may be considered after overseas treatment has finished, if they meet the MTOP administrative eligibility criteria. The application must be submitted within two years from the date treatment started.

Retrospective applications are assessed against the MTOP Guidelines that applied when treatment started. This includes both the administrative and medical eligibility criteria.

Priority is given to assessing applications that are submitted prior to treatment starting. Retrospective applications may take longer to assess.

Approved Applications

‘Who books flights? Is that something that we must organise?’

The MTOP books and pays for return flights for the approved applicant and one approved carer only. International flights are booked in business class.

The MTOP will send the approved applicant and carer their tickets and flight details once the booking is made.

If other people are travelling, such as other family members, you must arrange and pay for their flights yourself.

‘Who is responsible for determining whether the applicant is fit to fly? Do we need to provide evidence of this to the airline?’

Once an application is approved, the applicant’s Australian treating team must confirm whether the applicant is fit to fly.

Most airlines require medical clearance for passengers with certain health conditions. If the airline’s requirements are not met, the passenger may not be allowed to board.

The applicant and their treating Australian team must check, complete and submit any forms required by the airline before leaving Australia.

The MTOP cannot complete or submit airline medical clearance or fitness-to-fly forms for a passenger.

Airline medical clearance forms are required by the airline, not the MTOP. The MTOP does not need copies of completed airline forms or related documents.

‘I have a lot of medical equipment and medication that I need to travel with, who should I speak with about this?’

If you need to travel with prescription medicines or medical equipment, plan ahead as much as possible.

Once your flights are booked, please contact the airline directly to check its rules for travelling with your medicines or medical equipment.

‘My treatment is expected to finish earlier than anticipated, can I have my flights changed for an earlier departure?’

The MTOP books flexible and refundable flights. This helps if treatment dates change or medical circumstances affect travel plans.

If you require a flight change, contact the MTOP as soon as possible.

The MTOP will need confirmation from the overseas treatment facility that the flight change is medically necessary. The MTOP will then arrange the change with the Australian Government travel provider and cover any related fees.

‘My approved carer is going to travel a bit later and meet me overseas, can the MTOP book their flights separately?’

Where an approved carer needs to travel separately from the approved applicant, the MTOP can arrange their flights accordingly.

Please provide the approved carer’s proposed travel dates to the MTOP (MTOP@health.gov.au) as soon as possible so flights can be arranged.

Approved carers who travel separately from approved applicants (and therefore are not caring for the applicant during travel) are booked in economy class.

‘Will the MTOP cover the cost of my overseas accommodation?’

The MTOP covers accommodation costs from the night before the first appointment until the night of the last appointment (unless a medical practitioner from the overseas facility confirms a longer stay is required).

Costs for reasonable 3½ star (or equivalent) accommodation will be reimbursed when proof of payment is provided. If the approved applicant or carer chooses higher-standard accommodation, the department will calculate a 3½ star equivalent rate and reimburse the lower amount.

‘Will the MTOP arrange my accommodation for me?’

In general, the approved applicant or carer books their accommodation and then seeks reimbursement from the MTOP.

The MTOP recommends accommodation that is:

- self-contained (e.g., a 2-bedroom apartment)
- has access to cooking and laundry facilities
- in a safe area close to the treatment facility.

Some overseas treatment facilities have patient liaison officers or social workers who may be able to provide advice or recommendations regarding suitable accommodation in the local area.

The MTOP encourage approved applicants and carers reach out to the overseas treatment facility with any questions regarding local accommodation options.

Some facilities may book and pay for accommodation for an approved applicant and carer and invoice the MTOP directly. Please check with the facility as to whether this arrangement is available.

‘I’ve found a place I’d like to stay but I don’t know if it will be fully covered by the MTOP, what do I do?’

Once you have identified accommodation that you are interested in, you may wish to send the details to MTOP@health.gov.au and a team member will confirm whether the accommodation costs will be fully covered under the Program.

If you choose to do so, please include the:

- name of the accommodation facility
- room type (if applicable)
- rate per night, or a quote for the total stay
- number of nights of your proposed stay.

The MTOP urges approved applicants and carers to check refund and cancellation policies carefully before finalising an accommodation booking.

As treatment dates can change, it is not unusual for the length of stay to be shorter or longer than anticipated. Therefore, a flexible accommodation is strongly desirable.

‘I’ve arrived but am not happy with my accommodation, am I allowed to stay somewhere else?’

If your selected accommodation is found to be unsuitable, you may choose to change accommodation facilities. It is suggested that you check the refund and cancellation policies of your existing booking before making alternative arrangements.

Should you require support identifying more appropriate accommodation, the MTOP encourages you to contact a representative from the overseas treatment facility, who may be able to provide local knowledge and recommendations.

Please note, if you have an overlap in your bookings (e.g., you have two different sets of accommodation booked for the same night), the MTOP will only reimburse you for the cost of one.

‘Do I need to arrange a visa? How do I know which one I should get?’

It is the responsibility of the approved applicant and approved carer to confirm whether a visa is required for their entry and stay in the overseas country.

Where a visa is required, it is the responsibility of the approved applicant and approved carer to organise this prior to departing from Australia. You should consider whether the conditions of your visa allow for any unforeseen extended stays overseas.

You may wish to contact your nearest consulate and visit the Smartraveller website (https://www.smartraveller.gov.au/) for travel and safety advice specific to the country you are travelling to.

While the MTOP is unable to arrange visas on behalf of approved applicants and carers, the cost of a visa (if required) for the approved applicant and carer will be reimbursed following the provision of receipts.

‘Do I need to arrange travel insurance or will the MTOP do this for me?’

It is the responsibility of the approved applicant and carer to identify and obtain travel insurance prior to departing Australia.

The cost of travel insurance for the approved applicant and carer will be reimbursed following the provision of receipts to the MTOP.

‘What kind of coverage should my travel insurance have?’

Travel insurance does not need to cover the approved treatment, or the airfares for the approved applicant and approved carer, as these costs are covered by the MTOP.

However, medical care outside of the approved treatment is not covered by the MTOP. It is recommended that approved applicants obtain travel insurance that provides coverage for any medical care that they may require overseas that does not relate to their approved treatment (for example, if they were to trip and break a bone).

Other travellers (including the approved carer) are not covered by the MTOP for any medical care and are recommended to obtain appropriate travel insurance coverage.

‘Does the MTOP have a recommended travel insurance provider?’

The MTOP is unable to recommend or endorse any specific travel insurance products. If you are unable to purchase an off the shelf insurance product, you may need to approach a company or insurance broker such as the National Insurance Broker Association for advice on where to purchase an appropriate product to meet your requirements.

‘We have been raising money on GoFundMe; how can we ensure we are transparent about how the raised funds will be used?’

Approved applicants are required to ensure transparency with all funding sources sought or received. This includes acknowledging Australian Government funding when undertaking fundraising activity by including the following in any communication materials (e.g., fundraising pages on crowd funding platforms):

"The Australian Government has approved funding to cover the full cost of overseas medical treatment, flights, accommodation, passports, visas and travel insurance for [applicant's name] and one carer to travel with them."

All approved applicants are required to complete and sign a declaration acknowledging the conditions of Government funding. If requested, approved applicants must provide the department with a written authority to obtain any documents relating to monies recovered or recoverable from any other source.

Reimbursement Processes

'How do I submit a claim for reimbursement of eligible expenses?'

To seek reimbursement for eligible expenses please submit the following information to MTOP@health.gov.au:

- a completed Reimbursement for Eligible Expenses Checklist (it is helpful to make a note if it is an overseas currency)
- proof of personal expenditure in the form of original receipts or fully itemised paid accounts
- information about any fundraising or charitable donations you received in support of the overseas treatment.

'How do I provide proof of personal expenditure?'

Reimbursement for an eligible expense will only be made where proof of personal expenditure can be provided.

Proof of personal expenditure needs to be in the form of original receipts or fully itemised paid accounts which must identify:

- your name
- the expense incurred
- the amount paid
- the date the account was paid.

Please ensure that any photos of receipts are clear and legible. The MTOP urges approved applicants and carers to keep hold of all original receipts until reimbursement has been received in case clearer photos are needed.

'How do I submit a claim for reimbursement where the expense was paid in a foreign currency?'

Where an eligible expense is paid in a foreign currency, the exchange rate on the day of the transaction will be used to determine the total amount payable.

Proof of exchange rate may be provided in the form of a personal credit or bank statement which details:

- your name
- the cost in the foreign currency
- the amount paid in Australian dollars

'Do I have to wait until I return to Australia to submit a claim for reimbursement?'

Approved applicants and carers are provided with several forms that need to be signed and returned to the department before any reimbursements can be made.

Once these forms have been completed and returned, approved applicants and carers may submit reimbursement claims for any eligible expenses they may have.

You do not need to wait until you have returned to Australia to submit claims for reimbursement.

‘Do I have to use a different copy of the Reimbursement Checklist for each reimbursement claim?’

The Reimbursement Checklist must be completed each time a reimbursement is sought.

However, approved applicants or carers can submit multiple claims for reimbursement using one form.

For example, prior to departing Australia you may wish to seek reimbursement for travel insurance, visas and passport costs. In this case, you could use one copy of the Reimbursement Checklist to make a reimbursement claim for all three expenses.

When then seeking reimbursement for accommodation and transport costs at the end of the treatment period, you would need to submit this claim with a new completed Reimbursement Checklist.