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PATS Application Form - Section 2 for Specialists

Introduction

The Patient Assistance Transport Scheme (PATS) is a subsidy program that provides money to pay for some travel, escort and accommodation costs when rural and remote South Australians travel over 100 kilometres to see a Specialist. More information, including copies of the application form and an Information Booklet is available at www.countryhealthsa.sa.gov.au/pats or from PATS offices.

Clinical criteria for escorts and travel

- > Specialists are to include one of the medical reasons listed below for air travel and escort travel and accommodation subsidy requests.
- > For escorts for travel and accommodation, the criteria includes: impairment, active role of carer, involvement in medical treatment, patient is a child, support person, or as an alternative to air travel when answering questions five and seven.
- > For air travel the criteria includes: active clinical management, management of severe pain, urgency, restricted mobility, life threatening conditions, musculo-skeletal instability when answering question eight.

Important information

- > When accommodation is requested, the Specialist is required to authorise the number of nights accommodation required in connection with the treatment for both the patient and the escort, as requested in question six and seven.
- > Emotional support is not sufficient grounds for endorsement of an escort.
- > Escorts are generally not eligible for an accommodation subsidy if the patient is hospitalised except in life threatening situations.
- > Where air travel is required, a claim number is to be obtained from the PATS office and entered on the application form before the patient travels.
- > Air travel may be recommended ahead of other travel options when it is the most economical form of transport.
- > Follow-up appointments should be arranged locally using Telehealth, a visiting Specialist, or country hospitals to prioritise treatment and recovery close to the patient's home.
- > Dental treatment is covered by PATS when a patient's medical condition requires Specialist medical back-up at the time of dental treatment (e.g. anaesthetic due to severe disability).

Collection of personal information

The Country Health SA Local Health Network (CHSALHN) respects your privacy. Your personal information will be collected, stored, and used for the purposes of administering the Patient Assistance Transport Scheme. Information will not be disclosed unless permitted or required under the Health Care Act 2008 (SA) or Mental Health Act 2009 (SA). You may gain access to your personal information stored by the CHSALHN by contacting the Freedom of Information Officer.

How does the PATS process work?

STEPS

- 1 Go to the local doctor***
 - Verify that the specialist service is **not** available locally and seek authorisation for PATS assistance (transport, accommodation or escorts).
 - **Local doctor completes section 1** of the application form on first claim of the treatment, at the initial referral to a specialist, and not for ongoing travel within a referral year, except where air travel is requested.
- 2 Go to the specialist***
 - Confirm attendance and need for further appointments and PATS assistance (transport, accommodation or escorts).
 - **Specialist completes section 2** of application form for each treatment journey.
- 3 After your medical appointments**
 - **Patient/service provider completes section 3** of application form.
 - Send completed forms and receipts to PATS office.
- 4 Payment**
 - Payment of any assistance you're entitled to within six weeks of lodgement.

* In those limited instances where local doctors or specialists claim air travel is clinically essential, approval from PATS is required before you travel. If this is not obtained, the reimbursement will be the equivalent of the most economical transport fare.

Send completed application forms to:

Area Health Service	Phone	FAX	Postal Address
Adelaide	(08) 8226 7215	(08) 8226 5580	PO Box 3017, Rundle Mall, ADELAIDE SA 5000
Mount Gambier & Districts Health Service	(08) 8721 1551	(08) 8721 1555	PO Box 267, MOUNT GAMBIER SA 5290
Port Lincoln Health & Hospital Services	(08) 8683 2266	(08) 8683 2060	PO Box 630, PORT LINCOLN SA 5606
Port Augusta Hospital & Regional Health Services	(08) 8668 7623	(08) 8668 7643	Hospital Road, PORT AUGUSTA SA 5700
Riverland Regional Health Service	(08) 8580 2400	(08) 8580 2498	Maddern Street, BERRI SA 5343
Whyalla Hospital & Health Services	(08) 8648 8533	(08) 8648 8529	PO Box 267, WHYALLA SA 5600

For more information

Visit: www.countryhealthsa.sa.gov.au/pats
Email: CHSAPATS@health.sa.gov.au



www.ausgoal.gov.au/creative-commons



Government of South Australia
SA Health



Section 2 – Specialist

PATS Application Form

Claim Number (Office use only)

Specialists are required to authorise and complete questions two to nine to confirm that PATS eligibility requirements are met.

Patient/claimant must not complete this section. Please print using black or blue pen.

Patient Family Name

Date of birth

PATS Client Number

Patient Given Names

1. Treating Specialist's details

Title Mr Mrs Ms Dr

Family name and initial

Specialty area

Provider number

Or stamp below

Practice location

Phone

Email

2. Is this an initial assessment or visit?

Yes No

If yes, submit section 1 with the completed application.

3. Dates of this treatment episode or consultation

From / /

To / /

4. Name of hospital

Length of stay in hospital?

From / /

To / /

5. Does the patient require an escort during travel?

Yes No

If yes, explain why an escort is required to travel with the patient by selecting one of the clinical criteria. Please turn over for clinical criteria.

6. Does the patient require accommodation near the location of the Specialist?

Yes How many nights? No

7. Does the patient require an escort to be accommodated with them?

Yes How many nights? No

If yes, explain why an escort is required to be accommodated with or near the patient by selecting one of the clinical criteria. Please turn over for clinical criteria.

8. Does the medical condition of the patient warrant air travel?

Forward Travel?

Yes No

Return Travel?

Yes No

If yes, explain why air travel is required by selecting one of the clinical criteria and obtaining an Air Advance Claim Number before the patient travels. Please turn over for clinical criteria.

Air Advance Claim No:

9. Certification by treating Specialist

I certify that the information provided in this section is correct and has been completed by me (or my representative)

Signature of treating Specialist or Registrar

Date / /

