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PATS Application Form - Section 3 for Patients

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.

How to apply?

To receive a PATS subsidy, the Country Health SA Local Health Network (CHSA LHN) requires you to seek authorisation from your local doctor in the first instance, visit your specialist, and then after your medical appointments, complete and send the relevant sections of the application form to your nearest PATS office. Ensure all information is provided or there may be a delay in processing your application form.

The application form is available in Sections 1, 2, and 3 from PATS offices or at www.countryhealthsa.sa.gov.au/pats

Important information

To be eligible for a PATS reimbursement the application form is to be lodged within 90 days from (and including) the date of the specialist appointment.

Accommodation subsidies of up to \$30 (plus GST) are available for commercial accommodation including health organisation facilities. Please note bulk billing can only take place by prior arrangement, and a copy of the completed section 2 and 3 application forms with the original patient signature is required to process the claim.

Collection of personal information

The CHSA LHN 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 CHSA LHN 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.

3

After your medical appointments

- *Patient completes section 3* of application form.
- Send completed forms and original receipts and tickets for all travel and accommodation to your nearest PATS office. (Photocopies and credit card or cash receipts are not accepted.)
- Incomplete forms will be returned for more information.
- Section 2 and 3 are required for every PATS claim. Section 1 is required for the first PATS claim and may be optional for future claims, e.g. where patient payment details have changed or air travel was medically necessary.
- The application form is to be lodged within 90 days from (and including) the date of the specialist appointment to be eligible for a PATS reimbursement.

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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 3 – Patient and Payment Details

PATS Application Form

Claim Number (Office use only)

Claim Number input boxes

Patient is required to complete. Please print using black or blue pen.

1. Patient details

Title Mr Mrs Ms Dr

Patient Family Name

Patient Given Name

Date of birth DD/MM/YYYY

PATS Client Number

Residential Address P/code

Postal Address (if different from above) P/code

Home Phone

Email

Mobile Phone

Work Phone

2. Are you a Pensioner or Health Care Card holder requesting an accommodation subsidy?

Yes No

If Yes, print card number below and attach a photocopy of both sides of your card to qualify for the accommodation subsidy for the first night.

Card number input field

3. Are you a veteran or a war widow?

Yes No White Gold

If Yes, print number below

Number input field

4. Are you an Australian Citizen, or Permanent Resident?

Yes No

5. Payment details - please complete upon first PATS claim or when bank details change.

Name of Payee

Account Name

Branch

Bank/Credit Union

BSB

Account

Payment confirmation to be sent to (please tick one)

Mobile phone

Email

(Office use only)

Total amount for:

Travel \$ Accommodation \$

Advance provided: Yes No

6. Have you claimed, or are you entitled to claim travel and/or accommodation benefits relating to this treatment from:

Any other Australian, State or Territory government scheme? Yes No

As part of Workers Compensation Claim? Yes No

As part of a third party insurance claim or any other insurance claim? Yes No

7. Mode of travel

Table with columns: Forward Patient, Forward Escort, Return Patient, Return Escort. Rows: Private car, Bus/coach/rail, Ferry, Authorised air, Economical air*, Community bus, Community car, Emergency.

*To be ticked where air is the most economical form of transport.

Dates of travel?

Forward DD/MM/YY Return DD/MM/YY

Total amount paid for travel: \$

8. What town/city did you travel to for your specialist appointment?

Town/city input field

If you live on a rural property or outside of recognised town boundaries, what was the first town on your journey to the specialist appointment?

First town input field

What is the distance one way from the property to that town? kms

9. If an escort accompanied you, provide name of escort.

Escort name input field

10. Are you entitled to claim travel and accommodation expenses through a private health fund?

Yes No If yes, attach evidence that you have reached your maximum claimable amount.

11. Accommodation

Number of nights: Patient Escort

Rates per nights: Patient Escort

Total amount paid for accommodation (or owing): \$

Dates - Patient

From DD/MM/YY To DD/MM/YY

Dates - Escort

From DD/MM/YY To DD/MM/YY

12. Please complete where payment is made direct to an accommodation provider.

Accommodation provider name:

PATS Claim Number:

Name of Authorising Officer:

13. Certification by Patient

This form must be signed and submitted by the patient and/or their guardian. I certify that the information in this form is true and correct the expenditure shown was actually incurred. I hereby consent to CHSA LHN obtaining further information from referring medical practitioners, treating specialists, other health care professionals and travel accommodation providers where further information may be required to process or audit this application.

Signature of Applicant

Signature input field

Date DD/MM/YYYY