Government of South Australia
SA Health

Patient Assistance Transport Scheme (PATS)

Form 1: Application for travel and accommodation subsidies (individual appointment)

PATS OFFICE USE. Claim number: | | | | | | | Received date:

About PATS

PATS is a subsidy program funded by the Government of South Australia and administered through the six regional local health networks by the Rural Support Service. Through PATS, subsidies are provided to assist South Australians who are required to travel more than 100km each way to access necessary and approved medical specialist services that are not available locally.

Use our online services

You can apply online instead of completing this paper form. To register to use our online services, visit our website at www.PATS.sa.gov.au

When to use this form

You should use Form 1 if you are claiming for an individual appointment with a specialist. If you are claiming for multiple appointments with the same specialist (block treatment), please use Form 2.

Important information

- Applications must be submitted within six months of your appointment date.
- Clients are supported to access their nearest medical specialist only, unless there is a valid medical reason for bypassing this service, in which case your referring doctor must complete part B of this form.
- PATS is unable to guarantee eligibility prior to a full assessment of your claim.
- We will require tax invoices for accommodation and mode of travel (excluding petrol receipts). Please submit these with your completed form.
- The standard processing time for a claim is two to four weeks.

More information

Visit www.PATS.sa.gov.au or call 1300 341 684.

Part A. Client details (client to complete)

Clients receiving financial assistance for travel and accommodation from other agencies are not eligible for PATS.
If you tick yes to receiving assistance from another government or third-party provider, please do not complete this form.

1. Have you received, or are you eligible to receive, financial assistance for travel and accommodation from:

An Australian, state or territory government scheme other than PATS?	No ☐	Yes ☐
Department of Veterans' Affairs?	No ☐	Yes ☐
Workers compensation?	No ☐	Yes ☐
As part of a third-party insurance claim or any other insurance claim?	No ☐	Yes ☐
A private health fund (if you are - please claim through them first)	No ☐	Yes ☐

2. Have you submitted a PATS claim before? No ☐ Yes ☐

If yes, please provide your client number (if known)

3. Your name

Title | Given name | Middle name

Surname

4. Your date of birth DD / MM / YYYY

5. Your Medicare number Individual reference number

6. Do you have a pension or health care card? (please provide a photocopy)

Card no. Expiry

Part A. Client details cont. (client to complete)

7. Your residential address

Post code

8. Your postal address
(if different to residential)

Post code

9. Your contact details Email

Phone

Mobile

What is your preferred mode of contact? Post ☐ Email ☐ Phone ☐ Mobile ☐

10. Are you of Aboriginal or Torres Strait Islander descent? No ☐ Yes ☐

11. Are you an Australian citizen or permanent resident? No ☐ Yes ☐

12. Bank details

Bank account name (client name)

BSB

Account number

Part B. Referring practitioner details (referring practitioner or authorised representative to complete)

Please note: Part B is only required to be completed when the patient is being referred is bypassing a nearer specialist service.

Patients must be referred to their nearest treating medical specialist. If a patient is required to bypass their nearest specialist, the referring practitioner must provide a valid medical reason for approval:

- The timeframe to be seen locally is clinically unacceptable.
- The patient's clinical risks cannot be managed in a regional South Australian health facility.
- The patient cannot be treated in South Australia.

13. Referring practitioner details Full name

Phone number

14. Treatment details

Name of the medical specialist or approved medical specialist service you referred the patient to

Treatment location

Type of treatment referred for

15. Is the specialist or specialist service the nearest one to the patient's residence? No ☐ Yes ☐
(If no, please provide a valid medical reason)

16. Referring practitioner declaration (to be completed by the referring practitioner or their authorised representative).
I declare that the information provided in part B of this form is complete and correct and that I understand giving false or misleading information is an offence.

Signature

Referring practitioner stamp

Date

DD / MM / YYYY

Part C. Treating specialist details (treating specialist or authorised representative to complete)

If a client requires an escort, the specialist must provide a valid medical reason: impairment, active role of carer, client is a child, necessary assistance or as an alternative to air travel.

If a client is required to travel by air, the specialist must provide a valid medical reason: active clinical management, pain management, clinical urgency or restricted mobility.

If a client is required to stay longer than two nights in commercial accommodation, the specialist needs to indicate the total number of nights per stay authorised in order for subsidies to be provided, for additional nights.

17. Treating specialist details

Full name

Phone number

Medicare provider number

AHPRA number

Treatment location/address

Post code

18. Was this an initial assessment or visit? No ☐ Yes ☐

19. Was the patient hospitalised? ☐ Yes – please provide details below ☐ No – please identify appointment dates below

Admission DD / MM / YYYY

Start DD / MM / YYYY

Discharge DD / MM / YYYY

End DD / MM / YYYY

20. Did the patient require an escort? No ☐ Yes ☐ Reason

21. Was the patient required to travel by air? No ☐ Yes ☐ Reason

22. Did the patient require more than two nights of accommodation? No ☐ Yes ☐ Total number of nights

23. Treating specialist declaration (to be completed by the treating specialist or their authorised officer).

I declare that the information provided in part C of this form is complete and correct and that I understand giving false or misleading information is an offence.

Signature

Specialist type

Treating specialist stamp

Date DD / MM / YYYY

Part D. Travel and accommodation details (client to complete)

Please provide tax invoices for accommodation and mode of travel (excluding petrol receipts).

24. Your travel details

	Forward trip		**Return trip**	
Mode of travel	Client	Escort	Client	Escort
Private vehicle	☐	☐	☐	☐
Medically authorised air	☐	☐	☐	☐
Bus/coach/rail	☐	☐	☐	☐
Ferry	☐	☐	☐	☐
Community car/bus	☐	☐	☐	☐
Emergency	☐	☐	☐	☐

Part D. Travel and accommodation details cont. (client to complete)

25. Treatment location

26. Escort name

27. Client travel dates

Forward date DD / MM / YYYY

Return date DD / MM / YYYY

28. Escort travel dates

Forward date DD / MM / YYYY

Return date DD / MM / YYYY

29. Are you claiming accommodation? No ☐ Yes ☐

Check in DD / MM / YYYY

Check out DD / MM / YYYY

30. Are you claiming escort accommodation? No ☐ Yes ☐

Check in DD / MM / YYYY

Check out DD / MM / YYYY

Part E. Client declaration and privacy (client to complete)

Please provide any further information to support your claim

The information contained in this application is protected by law from unauthorised access and misuse. The information will only be accessed by health service staff directly involved in providing services to the applicant, or with other lawful excuse.

Client declaration (to be completed by the client or their guardian).
I declare that the information I have provided in this form is complete and correct and that all documents provided are genuine. I understand that the Rural Support Service may make relevant enquiries to assess this application and make sure I receive the correct subsidy, and that giving false or misleading information is an offence.

Signature

Date DD / MM / YYYY

Submitting your application

Check that all required questions are answered, the form is signed and dated and relevant tax receipts and supporting documents are included. You can submit your application online via www.PATS.sa.gov.au, by email at PATS@sa.gov.au or to your local PATS office by post or in person. Please address all envelopes to PATS.

For more information, please visit www.PATS.sa.gov.au or scan the QR Code below.

PATS office locations

Adelaide Office
PO Box 3017, Rundle Mall
ADELAIDE SA 5000

Mount Gambier and District Health Service
276–300 Wehl Street North / PO Box 267
MOUNT GAMBIER SA 5290

Port Augusta Hospital and Regional Health Service
71 Hospital Road
PORT AUGUSTA SA 5700

Port Lincoln Hospital and Health Service
Oxford Terrace / PO Box 630
PORT LINCOLN SA 5606

Riverland General Hospital
10 Maddern Street
BERRI SA 5343

Whyalla Hospital and Health Service
Wood Terrace / PO Box 267
WHYALLA SA 5600