

## Form 3: Application for advance payment of travel and/or accommodation subsidies

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](http://www.PATS.sa.gov.au)

### When to use this form

You should use a Form 3 if you are requesting an advance payment for an individual appointment with a specialist.

### More information

Visit [www.PATS.sa.gov.au](http://www.PATS.sa.gov.au) or call 1300 341 684.

### Important information

- 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.
- Advance payments are able to be requested by clients who have a valid concession card and have been advised of an appointment within five business days.
- Please ensure you return all completed paperwork including part C completed by your treating specialist following your appointment, to allow for further advances in the future.
- Please provide a copy of your appointment letter with this form.
- PATS is unable to guarantee eligibility prior to a full assessment of your claim.

## 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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname <input type="text"/>		

### 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. <input type="text"/>	Expiry <input type="text"/>
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## 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 requesting an air travel advance.**

**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. Does the patient require an escort?

No

Yes

Reason

16. Is the patient required to travel by air?

No

Yes

Reason

17. Is the specialist or specialist service the nearest one to the patient's residence?

No

Yes

(If no, please provide a valid medical reason)

18. 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

Date

Referring practitioner stamp

## 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 the additional nights.

### 19. Treating specialist details

Full name	<input type="text"/>	Phone number	<input type="text"/>
Medicare provider number	<input type="text"/>	AHPRA number	<input type="text"/>
Treatment location/address	<input type="text"/>		
	<input type="text"/>	Post code	<input type="text"/>

### 20. Was this an initial assessment or visit?

No  Yes

### 21. Was the patient hospitalised? Yes – please provide details below

No – please identify appointment dates below

Admission	<input type="text"/>	Start	<input type="text"/>
Discharge	<input type="text"/>	End	<input type="text"/>

### 22. Did the patient require an escort? No Yes

Reason

### 23. Was the patient required to travel by air? No Yes

Reason

### 24. Did the patient require more than two nights of accommodation? No Yes

Total number of nights

### 25. 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

Date

Specialist type

Treating specialist stamp

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

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

### 26. Your travel details

#### Forward trip

#### Return trip

Mode of travel	Client	Escort	Client	Escort
Private vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medically authorised air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus/coach/rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ferry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community car/bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

27. Treatment location

28. Escort name

29. Client travel dates

Forward date

Return date

30. Escort travel dates

Forward date

Return date

31. Are you claiming accommodation?

No  Yes

Check in

Check out

32. Are you claiming escort accommodation?

No  Yes

Check in

Check out

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

Please provide any further information to support your claim

- I agree to return my completed paperwork including specialist authorisation as soon as practicable upon my return.
- If for any reason the medical appointment is cancelled or the journey is not undertaken, I agree to repay all monies paid to me or provide as much notice as possible to PATS and the booking agency to allow cancellation of my trip.
- I am aware that I may be liable for any subsidies paid when I have not provided adequate notice of cancellation or I do not attend my appointment.

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

## 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](http://www.PATS.sa.gov.au), by email at [PATS@sa.gov.au](mailto:PATS@sa.gov.au) or to your local PATS office by post or in person. Please address all envelopes to PATS.

### 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

For more information,  
please visit  
[www.PATS.sa.gov.au](http://www.PATS.sa.gov.au)  
or scan the  
QR Code below.

