



Section 3 – Patient and Payment Details

PATS Application Form

Claim Number (Office use only)

PATS Client Number

This form can be completed online at www.sahealth.sa.gov.au/pats

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

Medicare Number

Individual Ref. No.

Residential Address

Postal Address (if different from above)

Preferred Phone

Email

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

Yes No

If Yes, please attach a copy of both sides of your card to qualify for the accommodation subsidy for the first night.

EXP

3. Are you a veteran or a war widow?

Yes No White Gold

EXP

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.

Account Name

BSB

Account

Payment confirmation to be sent to (please tick one)

Mobile phone

Email

6. Do you identify as Aboriginal or Torres Strait Islander

Yes No

7. 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

8. Mode of travel: Please attach mode of travel receipt for reimbursement (excludes fuel receipt for private travel).

	Forward		Return	
	Patient	Escort	Patient	Escort
Private car	<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"/>
Authorised Air	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community car	<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"/>

Dates of travel?

Forward / / Return / /

Total amount paid for travel: \$

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

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?

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

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

11. 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.

12. Accommodation: Please attach your accommodation receipt for reimbursement

Number of nights: Patient Escort

Number of nights: Patient Escort

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

Dates - Patient

From / / To / /

Dates - Escort

From / / To / /

13. Accommodation Provider: Please complete for the accommodation subsidy to be provided directly to the accommodation provider.

Accommodation provider name:

PATS Claim Number:

14. 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 and that the expenditure shown was actually incurred. I hereby consent to Country Health SA Local Health Network (CHSALHN) obtaining further information from referring medical practitioners, treating specialists, other health professionals and travel accommodation providers where further information may be required to process or audit this application.

Signature of Applicant

/ /



Government of South Australia
SA Health

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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 people from rural and remote South Australia travel over 100 kilometres each way to see a specialist. More information, including Guidelines for Assessment and brochure, is available at www.sahealth.sa.gov.au/pats.

How to apply?

You can make an application online via a dedicated web portal at www.sahealth.sa.gov.au/PATS. Applying online makes it easier for you to apply for subsidy. Paper-based application forms can still be submitted via your local PATS office or via Australia Post.

The application form is available in four sections:

Section 1 for Local Doctors

Section 2 for Specialists

Section 3 for Patients

Section 4 for Block Treatment (Specialist and Patient)

To receive a PATS subsidy through Country Health SA Local Health Network by paper, you should complete Section 1 if confirmation of the nearest specialist eligibility is required or for referrals for radiology services. After visiting a specialist, who should complete section 2, you should then complete this section three and send with your section two and section one (if applicable) with all relevant travel and accommodation receipts to your nearest PATS office (excluding fuel receipts).

Important information

- > To be eligible for a PATS reimbursement the application form is to be lodged within 6 months of the specialist appointment.
- > Accommodation subsidies of up to \$40 (plus GST) are available for commercial accommodation. Please note direct payments 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.
- > Patients will only be subsidised when they travel past a nearest specialist due to: the time-frame to be seen locally is clinically unacceptable, the patient's clinical risks cannot be managed in country health facilities or the patient cannot be treated in South Australia.

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.

Please send your completed application forms to: PATS C/O

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

For more information

Visit: www.sahealth.sa.gov.au/pats

Email: CHSAPATS@sa.gov.au

Telephone: 1300 341 684



www.ausgoal.gov.au/creative-commons



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