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

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, necessary assistance, 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 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.
- > Air travel will be subsidised if it is the most economical form of travel.
- > 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.

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.

Send completed application forms to:

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

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



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

Medicare Number

Individual Ref. No.

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. Please turn over for clinical criteria.

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 / /

