	Claim Number (Office use only)									
ı										
]	Ref	No.				

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

1. Patient details						
Title Mr Mrs Dr						
Patient Family Name						
Patient Given Name						
Date of birth						
DD/WW/YYYY						
Medicare Number						
Residential Address						
P/code						
Postal Address (if different from above)						
P/code						
Preferred Phone						
Email						
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.						
3. Are you a veteran or a war widow?						
Yes No White Gold						
If Yes, print number below						
4. Are you an Australian Citizen, or Permanent Resident?						
Yes No						
 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?						
As part of a third party insurance claim or any other insurance claim?						

8. Mode of travel	Forwa	ard	Return	
	Patient	Escort	Patient Escor	t
Private car				
Bus/coach/rail				
Ferry				
Authorised air				1
Economical air*				
Community bus				1
Community car				
Emergency				
*To be ticked where air is the most ecor	nomical form	of transpor	t.	
Dates of travel?				
Forward / / /	Return		/ <u> </u>	
Total amount paid for travel:	\$			
9. What town/city did you travel to	o for your	specialist	appointment?	
If you live on a rural property or outside first town on your journey to the special			ndaries, what was tl	he
, , , , , , , , , , , , , , , , , , ,				_
What is the distance one way from the	property to th	at town?		kn
		L		
0. If an escort accompanied you,	provide na	ame of es	cort.	
2. Accommodation	ient	ble amount		
Rates per nights: Pati	ient	Escort		
Total amount paid for accommodate	tion (or owi	ng):	5	7
Dates - Patient				_
From / / /	То		MM/YY	
Dates - Escort				
From / / / /	То		<u>/ </u>	
 Please complete where payme accommodation provider. 	nt is made	direct to	an	
Accommodation provider name:				
PATS Claim Number:				
Name of Authorising Officer:				
14. Certification by Patient This form must be signed and submitted by the information in this form is true and correct the consent to CHSA LHN obtaining further inform specialists, other health care professionals and information may be required to process or aud	expenditure sh nation from refe travel accomm	own was act rring medical odation provi	practitioners, treating	
Signature of Applicant				
Date	/			V





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

How to apply?

You can make an application online via a dedicated web portal at www.sahealth.sa.gov.au/PATS.

The system makes it easier for your patient 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 three sections:

Section 1 for Local Doctors Section 2 for Specialists Section 3 for Patients

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. After visiting a specialist, who should complete section 2, your patient should then complete and send the relevant sections of the application to the nearest PATS office.

Important information

To be eligible for a PATS reimbursement the application form is to be lodged within 6 months of the specialist appointment. Accomodation subsidies of up to \$40 (plus GST) are available for commercial accomodation. 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.

Collection of personal information

The 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



