General Practitioner Fee for Service Form

Claims for Travel Allowances

Reference: South Australian Rural Medical Fee Agreement (Version 3.1), Item 4.5 ‘Travel Allowances’.

4.5.1 In circumstances where a general medical practitioner has to travel a direct route distance to a recognised hospital of more than 20km from the place of his or her nearest established practice (which must be outside of the Adelaide Statistical Division) to provide medical services for which a Fee for Service is payable by CHSALHN, a travel allowance shall be payable. The allowance shall be applicable for the proportion of round trips in excess of 40 kilometres.

4.5.2 The allowance shall be based on the per kilometre rate prescribed in the ‘SA Health (SAHC Act and IMVS Act) Human Resources Manual’ (Part B – Travelling and Expenses Reimbursement), applicable to a vehicle with an engine of more than four cylinders.

4.5.3 This allowance is to be paid once per visit, not per patient, regardless of the number of patients seen.

Claimant Details

Hospital

Medical Practitioner Name

Medical Clinic

Address

Travel Claim Options

☐ Individual Travel Claim  ☐ Multiple Travel Claims (refer to 2nd page)

Individual Claim

Date/s of Travel: ______________________________

Details of Travel: ____________________________________________________________

(ie, Grenfell Street to South Coast Hospital and return)

☐ Reimbursement of Cost  Total payable as per Receipts Attached: $__________________

☐ Allowance per Kilometre  Total Kilometres Travelled _________

Less first 40km (round trip) _________

Total Kilometres Claimable _________ @ _____cents/km

$__________________

I, ________________________(name) declare that Fee for Service as claimable for a patient during the visit.

Signature

______________________________________________________________
Claimant Details

Hospital ____________________________________________________________

Medical Practitioner Name __________________________________________

Date/s of Travel: __________________________________________________

Fee For Service Office Use Only

Authorised for payment on behalf of Country Health SA Local Health Network by Fee for Service Officer - all three criteria listed below must be met.

Please tick in the box if the criteria have been met:

☐ Claiming per kilometre (km) reimbursement

☐ 1st 40km of travel deducted

☐ Claimed FFS for a public inpatient during this visit to the hospital

Signature _________________________________________________________________________

Name __________________________________ Date __________________________

Position held __________________________________________________________________________

If all 3 criteria above have not been met, the form must be authorised by DON/DMS of the hospital.

Authorised for payment on behalf of Country Health SA Local Health Network

Signature _________________________________________________________________________

Name __________________________________ Date __________________________

Position held __________________________________________________________________________
Multiple Claims for Travel Allowance

Date: _______________ Medical Practitioner: ___________________________ Hospital: ___________________________

Signature ______________________________________ _______________________

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<thead>
<tr>
<th>TRAVEL DATE</th>
<th>ORIGINATING LOCATION (ie Grenfell St, Adelaide)</th>
<th>DESTINATION (ie South Coast Hospital)</th>
<th>RETURN TRIP (✓)</th>
<th>TOTAL KM’s TRAVELLED</th>
<th>LESS First 40km (Round Trip)</th>
<th>TOTAL KM’S CLAIMABLE</th>
<th>TOTAL $’s PAYABLE (km’s x cents/km)</th>
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FFS ADHOC CODE: TRAVEL TOTAL