



Section 4 – Block Treatment

PATS Application Form

Claim Number (Office use only)

Claim Number input boxes

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

Specialist or authorised officer is required to authorise and complete questions one to seven to confirm that PATS eligibility requirements are met. Patient/claimant must complete the 'Certification by patient' at the bottom of this form prior to lodgement. Please print using black or blue pen.

Patient Family Name input box

Date of birth input boxes

PATS Client Number input boxes

Patient Given Names input box

Medicare Number input box

Individual Ref. No. input box

Residential Address input box

This form is to be completed by the specialist only

1. Treating Specialist's details

Title input boxes: Mr, Mrs, Ms, Dr

Family name and initial input box

Specialty area input box

Provider number input box

Or stamp below input box

Practice location input box

Phone input box

Email input box

2. Treatment location

Treatment location input box

3. Does the patient require an escort during travel?

Yes/No checkboxes and explanatory text

Explanatory text input box

4. Does the patient require accommodation near the specialist?

Yes/No checkboxes

5. Does the patient require an escort to be accommodated with them?

Yes/No checkboxes and explanatory text

Explanatory text input box

6. Does the medical condition of the patient warrant air travel?

Forward/Return Travel checkboxes and Yes/No options

If yes, explain why air travel is required by selecting one of the clinical criteria overleaf.

Explanatory text input box

7. Certification by treating Specialist

I certify that the information provided in this section is correct and has been completed by me (or my representative).

Certification text input box

Date input boxes

Table with 5 columns: Journey Dates, Mode of travel, Treatment Dates, Nights of accommodation approved, Signature of Specialist or Authorised Officer

8. 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 patient

Signature of patient input box

Date input boxes



4

PATS Application Form - Section 4 for Block Treatment

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.

Block Treatment Application

To be eligible for block treatment, the medical specialist must complete a section 4 form in place of a section 2 form. Questions 1 to 7 must be completed in full prior to lodgement. Approvals for escort and air, noted on this form will be applicable for each treatment date documented on the section 4 form. This form must only be used by one specialist. If the patient is attending multiple appointments, with multiple specialists – each specialist must complete their own form.

Each treatment date listed on the section 4 must be signed by a specialist or authorised officer to be eligible.

To lodge a claim, the patient is required to submit section 1 (if confirmation of the nearest specialist eligibility is required or for radiology referrals), section 4 (specialist) and any relevant tax invoices for travel and accommodation. If this is the patients first claim with PATS, a section three must also be supplied with all questions answered including provision of bank details.

Clinical criteria for escorts and travel

Specialists are to include one of the medical reasons listed below for air travel and/or escort travel and accommodation subsidy requests.

- > For escort (travel and accommodation), the criteria includes: Impairment, active role of carer, child, necessary assistance, as an alternative to air travel.
- > For air travel (patient and escort), the criteria includes: Active clinical management, pain management, clinical urgency or restricted mobility.
- > For further information on these criteria – please refer to the PATS Guideline's for Assessment – available at sahealth.sa.gov.au/PATS

Important information

- > An authorised officer is a person who works with the medical specialist and may include: Nurse practitioners, registrars, Chemotherapy Nurses and Rural Liaison Nurses.
- > When accommodation is requested, the specialist is required to authorise the number of nights of accommodation required in connection with the treatment for both the patient and the escort.
- > Emotional support or support person are not sufficient grounds for endorsement of an escort.
- > Air travel will be subsidised if it is the most economic form of travel.
- > Follow up appointments should be arranged locally using telehealth, visiting specialists 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.

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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