



Patient Assistance Transport Scheme (PATs)

South Australian Regional Local Health Networks
Guidelines for Assessment



Providing patients
with travel and
accommodation
subsidies to assist
with the unavoidable
costs of attending
specialist services.

1. Statement of intent

The Patient Assistance Transport Scheme (PATS) is a subsidy program funded by the Government of South Australia and administered by the Rural Support Service (RSS) through the six regional local health networks (LHNs).

Through PATS, subsidies are provided to assist South Australians who are required to travel more than 100 kilometres (km) each way to access necessary and approved medical specialist services that are not available locally.

2. Statement of principles

The scheme is intended to help subsidise the unavoidable financial costs of South Australians who have no option but to travel long distances to receive essential medical services.

Clients should be treated as close to home as possible, without compromising the safety and quality of the care provided.

SA Health will take all reasonable steps to promote awareness of the scheme and facilitate access to it.

3. Service standards

PATS will make every effort to identify any incomplete information and seek further information before declining an application, including contacting the client to clarify or request additional information.

Clients can check the status of their application through the PATS online portal available at pats.sa.gov.au.

Clients have access to a fair, impartial, and transparent appeals process. Complaints and requests for review are dealt with promptly with applicants advised of the outcome in writing.

Privacy and confidentiality will be respected and maintained at all times.

4. Scheme overview

PATS is not a full reimbursement scheme. It provides eligible clients with subsidies to assist with travel and accommodation costs for planned appointments only; it is not intended to cover all costs associated with accessing treatment or to subsidise travel for emergency medical needs.

To be eligible for a PATS subsidy, the client is required to meet all eligibility criteria. The information in these guidelines is general in nature and does not take into account every individual circumstance. A client's eligibility is assessed with each application they submit, and applications may be declined if the eligibility criteria are not met. A client's medically authorised escort may also be subsidised by PATS, subject to eligibility requirements.

5. Eligibility criteria summary

To be eligible for PATS subsidies, clients need to:

- be a permanent South Australian resident
- be enrolled in Medicare and receive treatment claimable through Medicare
- not receive, or be eligible for, financial assistance for travel and accommodation through another provider, and have claimed any available benefits from a private health fund first, if applicable
- have an appointment with or receive treatment from the nearest recognised medical specialist or approved medical specialist service
- be travelling more than 100km from their residence to their appointment or treatment location.

6. Detailed eligibility criteria

6.1 Residency

To be eligible for PATS subsidies, clients need to meet the residency criteria.

Residency is determined using a client's principal place of residence (their home), as per their enrolment on the South Australian electoral roll. Documentation including driver's licence, proof of age card, utility bills or concession cards may be requested to confirm the client's permanent residence.

Holiday accommodations are not considered to be permanent residences. Itinerant workers in South Australia who need to access medical services will be considered. Clients who are on holidays or visiting family and friends interstate or within the state are not eligible for subsidy.

A person residing interstate who is donating an organ or tissue to a South Australian resident does not need to meet PATS residency criteria in order to be eligible. A South Australian resident who donates an organ or tissue to a resident of an Australian state or territory other than South Australia is not eligible for PATS.

6.1.1 APY Lands residents authorised

Nganampa Health Council manages the unique travel and accommodation needs of their clients, Aboriginal people living on the Anangu Pitjantjara Yankunytjatjara (APY) Lands. The Eyre and Far North Local Health Network provides block funding directly to Nganampa Health Council for this purpose. Accordingly, Anangu living on the APY Lands are not eligible for PATS subsidies.

Non-Aboriginal people residing in these communities will be eligible for PATS subsidies providing they meet all other PATS eligibility criteria.

6.1.2 Aboriginal Engagement Strategy

The Aboriginal Engagement Strategy has been developed to provide greater support to Aboriginal and Torres Strait Islander people that have no option other than to travel for necessary treatment. Benefits for Aboriginal people include:

- Providing subsidies in advance.

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- Offering grants to advocacy agencies who support the client to complete online claims.
- Removing the need for a concession card to receive the first night of accommodation subsidy.
- Automatic approval for an escort.

6.2 Medicare enrolment

To be eligible for PATS, a client must be enrolled with Medicare and have a valid Medicare card. The client's Medicare card is required when lodging an online application.

The entire number across the top of the card and the individual reference number (IRN) are required to be provided to PATS for this purpose. An example is provided in the appendices (11.4).

An overseas resident visiting South Australia is not eligible for PATS, even if they have a Medicare card under a reciprocal health card arrangement.

6.3 Financial assistance from other providers

To be eligible for PATS, a client must not receive, or be eligible for, financial assistance for travel and accommodation from other providers. If a client receives financial assistance from PATS and another provider, they may be required to reimburse PATS for any subsidy provided.

6.3.1 Department of Veterans' Affairs (DVA)

If a client receives a pension or benefit from DVA, they may be eligible for assistance under the Repatriation Transport Scheme. A client must check their eligibility with DVA before applying to PATS. More information is available at www.dva.gov.au/health-and-treatment/veteran-healthcare-cards/veteran-gold-card

6.3.2 Workers compensation insurance

A client is not eligible for PATS if they receive, or are entitled to, compensation for a work-related injury. If a client receives assistance from PATS and then receives a workers compensation payment, they are required to reimburse PATS for any subsidies for treatment relating to their insurance claim.

6.3.3 Employer schemes

A client is not eligible for PATS if they receive, or are entitled to receive, benefits from their employer (e.g. the South Australian Police and the Royal Australian Air Force), when travelling to access medical treatment. If a client receives assistance from PATS and then receives a payment from their employer, they are required to reimburse PATS for any subsidies for treatment relating to their insurance claim.

6.3.4 Motor vehicle insurance

If a client is involved in a motor vehicle accident, they may be eligible for personal injury benefits or lump sum compensation from their compulsory third party (CTP) insurer. If a client is eligible to claim through their CTP insurer, they are not eligible for PATS. If a client requires interim assistance before the settlement of their claim, they should contact their insurer. If a client receives assistance from PATS and then receives a payment from their CTP insurer, they are required to reimburse PATS for any subsidies for treatment relating to their insurance claim.

6.3.5 Other insurance claims

If a client has been injured, and is eligible for compensation, damages or other payment in respect to the illness or injury being treated (including receiving treatment as part of an action involve a medico-legal insurance application), they are not eligible for PATS. If a client requires interim assistance before the settlement of their claim, they should contact their insurer.

6.3.6 Private health

PATS claims will be accepted from clients who have claimed benefits from their private health fund towards travel and accommodation costs provided:

- the benefit paid by the fund is less than the applicable PATS rate (in such instances, clients will be paid the difference between the benefit paid and the PATS rate)
- the client has already claimed the maximum benefit available from the fund.

6.3.7 Third-party organisations

A client may nominate to have all or part of their subsidy paid to a third-party organisation such as a registered charity, not-for-profit organisation or non-government organisation that provides them with financial assistance or organises travel and accommodation services.

It is the responsibility of the organisation and the client to manage this agreement. If the travel or accommodation is ineligible for subsidy, it is the responsibility of the third-party organisation to follow up any unpaid accounts with the client.

6.4 Appointments and treatment

To be eligible for PATS, the client must have an appointment with or receive treatment from the nearest recognised medical specialist or approved medical specialist service (with some exceptions described below).

6.4.1 Recognised medical specialists

The medical appointment must be with a person who is recognised as a specialist under the Medical Board of Australia, registered with Medicare Australia with a specialty code, or either:

- a registered GP providing medical specialist services in a hospital under the supervision of an approved medical specialist
- a local doctor (including a registrar) employed as a medical specialist (for example, a GP who is approved by a regional LHN as an anaesthetist or obstetrician)
- a dental practitioner registered with the Australian Health Practitioners Registration Association as an oral maxillofacial surgeon
- a specialist in special needs dentistry registered with the Dental Board of Australia (for more information on dental refer to section 6.4.3).

A list of recognised medical specialities can be found in the appendices.

Where applicable, appointments with medical practitioners recognised in the following sub-specialties will be accepted by PATS:

- general surgery – breast, endocrine
- gynaecology – gynaecological oncology, maternal foetal medicine, reproductive endocrinology and infertility, and urogynaecology
- orthopaedic surgery – foot, ankle and spinal
- ophthalmology – neuro-ophthalmology.

6.4.2 Approved medical specialist services.

The below medical specialist services with a Commonwealth Medicare Benefits Schedule item number are eligible for PATS subsidies:

- Pregnancy Advisory Centre (PAC)
- BreastScreen SA *
- chemotherapy
- radiology services (only when referred by a GP or approved medical specialist)
- renal dialysis
- clients admitted to country hospitals
- inpatient rehabilitation services
- Prosthetic/Orthotic services **
- Yarrow Place (WCH Forensic Testing)

*Eligible claimants who are annual screeners, when the mobile van is not visiting and any follow-up appointments.

** Prosthetic and Orthotic services are eligible when treatment is performed by an eligible clinician. Clinicians must hold or be eligible for full membership rights with the Australian Orthotic Prosthetic Association website

<https://www.aopa.org.au/findapractitioner>

6.4.3 Dental services

General dental services are considered to be primary health care services and do not meet PATS eligibility criteria.

Where a medical condition results in a requirement for specialist dental treatment, the following clients who are under the care of an oral maxillofacial surgeon or specialist in special needs dentistry are eligible for subsidies:

- clients with oropharyngeal malignancy that require dental intervention as part of the malignancy management.
- clients with congenital bleeding disorders (such as Haemophilia) that require multi-disciplinary management with haematology.
- clients with surgical conditions that require management beyond of general dental practice. This does not include general dental conditions, such as tooth removal. regardless of the setting or complexity, whether performed by dentist or surgeon.

- clients with an urgent risk of developing a life-threatening infection requiring immediate treatment by an OMF surgeon – usually within a public setting.
- clients with a medical condition defined in the Medicare schedule, category 3 items.
- paediatric dental clients receiving the following treatment:
 - all level 1 inpatient and outpatient annual specialist care
 - all level 2 inpatient treatment for children with special needs (cognitive or functional disability and experiencing difficulties in accessing routine dental services, e.g. cerebral palsy), following referral from the local South Australian Dental Service to a tertiary referral hospital
 - All level 3 after hours emergency management of significant orofacial infections that require inpatient facilities

6.4.4 Ineligible health professional services

The following health professionals are not classified as medical specialists and do not meet PATS eligibility criteria:

- allied health professionals
- all dental services with the exception of 6.4.3
 - any dental extraction even if provided by a dental specialist is not eligible
- nursing and midwifery professionals
- General Practitioners (GPs)

Peer recognition is not sufficient to meet medical specialist status.

6.4.5 Ineligible appointments

The following situations do not meet PATS eligibility criteria:

- clinical trials or experimental treatments other than phase IV trials
- appointments with a medical specialist for a second opinion
- surgery provided for cosmetic reasons only
- monitoring programs.

6.4.6 Nearest medical specialist service

PATS travel subsidies are available to clients who access their nearest medical specialist service. The local hospital will have a list of medical specialists within the region including resident, visiting or digital telehealth services available.

Family support, continuity of care, free accommodation, a preferred place of treatment, or personal convenience are not sufficient grounds to waiver the criteria to use the nearest medical specialist service, regardless of whether that is a visiting medical specialist or digital telehealth service.

If there is a visiting medical specialist and the client is unable to be seen locally within a clinically acceptable timeframe, the client will be supported to travel to the visiting medical specialist's primary rooms.

The client's GP must provide a valid medical reason to refer to a medical service other than the nearest provider. Special interest in a particular area of specialty or bypassing waiting lists for non-urgent treatment are not

considered legitimate reasons to bypass a closer specialist.

Referrals to an alternative medical service (not the nearest) are required to meet one of the following criteria for the claim to be valid:

- The timeframe to be seen locally is clinically unacceptable (in which case the client may be paid PATS subsidies for up to 12 months).
- The client's clinical risks cannot be managed in a regional South Australian health facility.
- The client cannot be treated in South Australia (these referrals are only accepted from a SA Health tertiary health site).

If a client has been visiting a particular medical specialist and a similar service has since been established closer to the client's home, the client will be advised of the availability of a closer service and that they will no longer be eligible for PATS subsidies if they choose to continue travelling past their nearest specialist when the next claim is lodged.

6.4.7 Life-limiting illness (terminally ill)

PATS recognises that attending medical specialist appointments, consultations and treatments is likely to be particularly challenging for clients with a terminal illness.

Where the treating medical specialist has determined that it is likely a client's life expectancy is 12 months or less, PATS will support the client to attend the specialist of their choice and not require them to access a specialist service nearer to their home, should one be available.

To support the client to attend their chosen medical specialist, PATS will require documentation from the treating medical specialist indicating the client's medical condition. All information relating to the client's prognosis will remain confidential.

6.5 Travel

To be eligible for PATS, clients are required to travel more than 100km from their place of residence to the actual treatment location by the shortest, most direct route.

Clients who are travelling to access treatment while away from their residence, for example while on holidays or interstate, are not eligible for PATS.

6.5.1 Cumulative Travel

To be eligible for Cumulative Travel a patient must be travelling between 50km and 100km (one way) from their residence to treatment location and travelling over 300km cumulatively per week (forward and return).

Eligibility is restricted to Oncology and Renal/Dialysis treatment.

Distance is calculated through the PATS distance Calculator.

6.5.2 Distance calculator

The PATS distance calculation tool accurately determines the distance travelled from the client's permanent place of residence to their actual treatment location. The amount of the subsidy is shown by the calculator when both the client's residential address and treatment location field have been entered.

There is often more than one route available for travelling to the treatment location, but the shortest practical distance is calculated by the PATS distance calculation tool for the purpose of all PATS claims.

6.5.3 Distance vs Safety

To be eligible for a subsidy when the shortest distance calculated by the PATS distance calculator is between 90km and 100km the following criteria must be met:

- alternate distance provided by Google maps is over 100km
- the treatment performed makes the client lethargic i.e. chemotherapy or radiation

6.5.4 Cross border travel

If the client lives near a South Australian border, where the nearest medical service is over the border in an adjoining state or territory, this travel will still be eligible for a PATS subsidy.

6.5.5 Advance travel subsidy requests

PATS is able to reimburse subsidies within a short timeframe, i.e. 48 hours for urgent payments (potentially the same day if the advance is requested before 11.00am).

In addition, advance travel subsidies are available for concession card holders who are experiencing financial hardship at the time of an urgent appointment and cannot afford to pay the travel costs up front.

To be eligible for an advance, the client must:

- hold a valid concession card
- be experiencing severe financial hardship
- have received less than five business days' notice of an appointment and can provide evidence of this to PATS.

In these circumstances, after speaking with PATS, the client will need to contact their local booking organisation to request that travel is arranged, and then provide PATS with documentation, including the quote for travel. PATS will then arrange direct payment to the booking organisation.

Following the appointment, all documentation is required to be submitted to PATS to complete the claim. Failure to do so may exclude the client from accessing an advance payment in the future.

A list of valid concession cards is available in the appendices.

6.5.6 Cancellation of an advance-paid appointment or failure to travel

PATS subsidies will only be made for one return journey to the appointment. If for any reason, the client is unable to travel on a pre-paid journey, they must provide 24 hours' notice of cancellation. If there is a failure to provide adequate notice and the client does not undertake the travel, any costs incurred by PATS for pre-paid travel will need to be refunded by the client.

If the client is travelling regularly for a planned set of appointments and experiencing severe financial hardship, advice can be sought from a financial counsellor or social worker to assist with evaluating the client's financial situation.

6.5.7 Deceased clients

If a client or escort should pass away during a PATS subsidised journey or at the place of treatment, the travel subsidy payable is deemed to be the cost of the pre-planned return journey via the original mode of transport. Where relevant, an accommodation subsidy is permissible until the date of the client's discharge. The death of the client will not change the eligibility of the escort's travel subsidy to return home.

A deceased estate is not entitled to apply for the full transportation costs associated with the return of a person who is deceased. Where a payment is made to a deceased person, it should be made to the estate of the deceased applicant and cannot be made directly to a relative or carer (or escort).

6.5.8 Non-eligible travel

PATS subsidies are only provided for the primary modes of travel to and from the client's permanent residence to the treatment location (for details refer to section 7.2).

The following modes of travel are ineligible for PATS travel subsidies:

- use of a taxi, shuttle bus, Uber or other ride sharing platform to or from airports, medical appointments or accommodation
- use of a rental car
- travel by ambulance, Royal Flying Doctor Service or emergency vehicle
- travel that has been undertaken as part of an inter-hospital transfer.

6.5.9 Travel between appointments

If the client chooses to travel home and return to the treatment location within a short timeframe, instead of staying overnight while waiting for the next appointment, PATS will only cover this in-between travel cost if it is equal to or lesser than the accommodation subsidy had the client stayed in between appointments for that timeframe.

Trips home for either the client or the escort during this period are not eligible for a PATS subsidy. Daily radiation or haematology treatments are examples of when a client may be required to stay close to the treatment location for block periods and attend multiple treatments.

6.6 Accommodation

6.6.1 Eligible accommodation

To be eligible for an accommodation subsidy, a client and/or an approved escort are required to stay in commercial accommodation. Commercial accommodation is accommodation that has an Australian business number (ABN) and may be a hotel, motel, caravan park, apartment, flat or an accommodation facility associated with health organisations. PATS will accept and subsidise stays with Airbnb and other booking platforms for commercial subsidy – on these occasions, a tax invoice must be provided with the claim.

Facilities providing rehabilitation (e.g. slow-stream rehabilitation involving physiotherapy or other therapies), primary care services (e.g. step-down units) and supported residential facilities are not considered commercial accommodation.

There is no subsidy payment available for a client who stays with family or friends.

6.6.2 Accommodation for interstate treatments

Interstate treatment for a client may be eligible for a PATS accommodation subsidy when it is the clinical opinion of the treating SA Health medical specialist that the client has a health issue or condition that is unable to be treated in South Australia.

A PATS accommodation subsidy for clients travelling interstate for medical services not available in South Australia is available to those who are:

- under the supervision of and referred by an SA Health (Public) employed medical specialist, being treated as an ongoing patient (either an inpatient or outpatient), AND
- receiving a transport subsidy from the SA Health (Public) tertiary referral hospital.

Non-SA Health (Private) patients or patients ineligible for a transport subsidy from the referring health unit are ineligible for PATS accommodation subsidies.

6.6.3 Relocation

Clients that have relocated will not be eligible for PATS subsidies.

A client is considered to have relocated if they are no longer living at their principal place of residence and:

- have accepted a long-term private rental contract (six months or greater) or ownership of a property near the location of treatment
- no longer receive mail at this address
- have updated their contact details for their health care card, driver's licence or enrolment details with AEC
- utilities such as electricity or gas are no longer connected.

7. Subsidies

7.1 Documentation

To ensure the claim is assessed correctly, it is important to attach the relevant documentation to provide evidence of out-of-pocket expenditure incurred for travel (bus, ferry, aeroplane, Community Passenger Network) and/or commercial accommodation. Valid receipts or tax invoices need to be submitted at the same time as the application.

Petrol receipts for private vehicle travel are not required.

The receipts should ideally be on company letterhead and include:

- name and address of the provider
- the ABN
- the client's and where applicable approved escort's name
- for accommodation only
 - the dates of the stay
 - the total cost of accommodation.

The following are not considered valid receipts for PATS purposes:

- bank statements
- electronic funds transfer at point of sale (EFTPOS) receipts
- credit card receipts.

7.2 Travel subsidy

PATS will provide a subsidy for return travel between the client's residence and the actual treatment location. Travel subsidies are calculated on the most economical mode of travel appropriate for the client's functional ability and medical condition. In the case of surface travel, this may include car, bus, rail and passenger ferry. Options for regional and metropolitan travel providers can be found through the PATS website at pats.sa.gov.au

7.2.1 Private vehicle

PATS reimburses private vehicle travel at 32.8 cents per km (appointments from 1/7/2024).

If there are multiple clients travelling in one vehicle, only one application for travel reimbursement is eligible for subsidy.

The fuel subsidy is subject to an annual increase which is to be applied at the rate of the annual increase to PATS budget.

7.2.2 Public transport

A subsidy for public transport will be calculated based on a standard priced ticket. The PATS application should include the original receipt (open tickets without travel dates are not acceptable), or a scanned copy showing the total cost of the fare and that of the approved escort, if applicable.

7.2.3 Kangaroo Island Ferry

All residents of Kangaroo Island travelling to the mainland for specialist treatment are eligible to apply for a ferry subsidy. Residents that are under 100km to their treatment destination will receive a ferry subsidy only.

7.2.4 Community Passenger Network

Community Passenger Network (CPN) services are provided by community organisations and local government. These services are generally not-for-profit and have been established to meet the needs of the community.

Some CPNs are co-funded by the State Government.

Clients accessing these services are required to submit a copy of their receipt showing the total cost of the fare. If the fare is in excess of the PATS fuel subsidy, then the PATS fuel subsidy will apply.

CPNs offer a volunteer driver scheme, where the client can be driven in their own car by a volunteer. These schemes request the client make a donation to the CPN. On these occasions, the client will be reimbursed the most economical option – either the fuel subsidy or the contribution.

7.2.5 Commercial air travel

Air travel is subsidised in any of the following situations:

1. The medical specialist or authorised officer confirms that the client is unable to travel by surface mode of travel for medical reasons (refer to section 7.2.5).
2. When the combined costs of surface travel and two nights of accommodation subsidy is more than return air travel, air travel may be considered as the most economical mode of travel. In these circumstances only, a medical endorsement for air travel is not required. The total eligible subsidy payable must take into consideration the cost of the client, and an escort if medically authorised, and the concession card status of the client.
3. Air travel may be authorised when the most economical public transport option does not provide an appropriate travel option to the nearest specialist. This authorisation must be provided by a regional LHN local authorising clinician. If the cost of flights is more, a subsidy calculated as above will be paid in lieu.

The subsidy for eligible travel will only cover the actual fare cost – surcharges (credit card charges, booking fees, mobile phone notifications, excess baggage charges, travel insurance, etc.) are not included in the PATS subsidy.

7.2.6 Commercial air travel criteria

If a client is required to travel by air for medical reasons, the treating medical specialist must authorise this on the client's application form using one of the following criteria.

Criteria for approval of air travel	
Active clinical management	Clients with conditions that would be difficult to manage during prolonged road travel or if away longer than one day, including those requiring ambulatory oxygen, regular catheterisation by self/carers, frequent nebuliser therapy or dialysis patients.
Pain management	Clients with severe pain that is likely to be worsened by prolonged sitting, for example those with post-operative pain (within two weeks of an operation), bone metastases, acute disc prolapse or neck/back pain.
Clinical urgency	Clients clinically determined as needing urgent treatment or referral, for example patients called for organ transplant or those commencing radiotherapy/ chemotherapy/ dialysis.
Restricted mobility	Clients requiring significant assistance with ambulation, which precludes other forms of transport, for example patients with a significant functional limitation requiring them to board the aircraft via a loading platform or elevator.

7.2.7 Additional land travel subsidy

Clients who are medically required to travel by air to their treatment location and who reside more than 100km from their nearest airport are entitled to claim an additional fuel subsidy for return travel to that airport. The calculation of this subsidy will be made when the claim is lodged.

7.2.8 Escort travel

A client's escort may be eligible for a subsidy to support them with their travel and accommodation needs.

An escort is defined as a person who is required to be with a client for specific medical reasons, with each client being entitled to one escort only.

Aboriginal patients are automatically entitled to an escort.

Children who are 17 years of age or under are automatically entitled to an escort. Approved escorts must meet the following requirements:

- 18 years or older
- able to cope with the medical needs of the client
- deemed necessary by either the referring GP or approved medical specialist.

An escort is eligible for subsidy when:

- an approved escort accompanies the client during travel
- an escort is travelling separately to the client because the client is travelling by emergency transport
- the client is a child
- the client has passed away during treatment and the escort is making the return trip

7.2.9 Authorisation of escort

When requesting a travel subsidy for an escort, a client must have approval of the treating medical specialist. Clinical criteria accepted for approval of an escort are shown in the following table.

Clinical criteria for approval of an escort	
Impairment	Patient with cognitive impairment, including acquired brain injury, dementia and/or confusion, or visual impairment where mobility is impaired.
Active role of carer	Where the carer is responsible for the client's medical treatment (renal dialysis, catheterising and administering of treatment) or personal care needs, for example in the case of clients with physical disability.
Client is a child	Clients under 18 years of age are automatically entitled to one escort.
Aboriginal and/or Torres Strait Islander people	Patients who identify as Aboriginal and/or Torres Strait Islander people are automatically entitled to one escort.
Necessary assistance	Where an escort is required to assist the client during long-term specialist medical treatment (e.g. intervention for mental illness) and/or in decision-making about their treatments or procedures, and/or for cultural reasons such as in the case of Aboriginal and Torres Strait Islanders or people from culturally and linguistically diverse backgrounds.
As an alternative to air travel	Where the presence of an escort may facilitate another means of travel as an alternative to air travel. For example, where the client has a visual or health impairment or a mental illness, such as schizophrenia, psychosis or severe depressive disorder, the role of the escort would be to aid in the safe transfer of that client.

7.3 Accommodation subsidy

To be eligible for an accommodation subsidy, a client and/or an approved escort are required to stay in commercial accommodation or with an Airbnb or other booking platform provider. The subsidy payable towards booking platform providers is applicable for the accommodation portion only. This excludes any service or cleaning fees associated with the booking.

Subsidies are available up to \$110 per person, per night.

An accommodation subsidy for a patient and authorised escort will be available up to \$154 per night.

If the cost of the accommodation is less than the maximum subsidy rate, the actual amount of accommodation will be paid.

7.3.1 Authorisation of accommodation

Clients are eligible to apply for an accommodation subsidy for up to two nights without medical authorisation.

Concession card holders are automatically eligible for a subsidy for up to two nights' stay. Non-concession card holders are required to pay the first night's expenses in full but are automatically eligible for a subsidy for their second night's stay.

If the client needs to stay longer than two nights in commercial accommodation to attend multiple medical appointments, their medical specialist needs to authorise their length of stay in order for subsidies to be provided for the additional nights.

The automatic two nights are not in addition to those authorised by the specialist – they are only claimable if the specialist does not authorise any accommodation.

If, at the specialist appointment, the client is advised that they need to attend other services such as radiology or pathology for tests, the medical specialist should authorise the total required number of nights the client and/or approved escort are required to stay near the treatment location.

The specialist must also authorise that the client requires an escort to stay with them during this period of accommodation.

Payment of the accommodation subsidy for the client and escort is determined by the concession card holder status of the client. If the client is a child, the determination will be based on the concession card status of the escort.

7.3.2 Ante-natal patients and newborn infants

Clients awaiting the birth of a child may be medically required to remain near the treatment location prior to the birth. In these situations, the expectant mother is the client.

Once the client has given birth:

- the newborn becomes the PATS 'client' and the mother is the escort
- in the case of multiple births, each newborn is entitled to an escort
- if the mother has a medical condition and is unable to care for her newborn, the mother and the newborn may have one escort each.

7.3.3 Long-stay accommodation payments

A direct payment arrangement may be put in place with an accommodation provider for eligible clients.

Where a client does not stay a PATS accommodation partner provider, the client is required to pay the accommodation provider on departure and seek subsidies from PATS. Pre-approval of stays requiring direct payment should be made to PATS in advance of the stay to ensure all eligibility criteria have been met.

7.3.4 Limits to the time of provision of an accommodation subsidy

Requests for approval for ongoing accommodation subsidies can be lodged for a maximum of three months at a time. Additional three-month blocks may be requested by the specialist, but all ongoing accommodation subsidies will cease after 12 months.

When a client has been receiving long-term treatment with ongoing accommodation subsidies, the client will be informed at nine months of the intention to cease payments at 12 months.

Extensions for periods longer than this can be sought by application to the PATS Governance Committee for review and approval. This includes interstate claims (see below).

7.3.5 Interstate accommodation payments

For approved interstate specialist services, the following guidelines will apply:

- PATS will subsidise the client's accommodation at a flat rate of up to \$154 per night.
- Applications for ongoing accommodation can be approved in a maximum of three-month blocks.
- The referring health unit is required to monitor the length of stay and confirm ongoing eligibility for the accommodation subsidy with the treating specialist team every three months.

7.4 Applying for assistance

7.4.1 Applications

Applications can be submitted online, by email, by post, or in person at any PATS office. Online claims are preferred (refer to section 8.3). If submitting a claim online, clients are required to scan or take a photo of the Part C and upload at point of submission. Paper copies of the forms are available from the PATS website, GP Medical Clinics, or by contacting a PATS office.

All PATS claims need to be lodged within six months of the medical specialist appointment date as noted in part C of the application form. Claims received by the PATS offices outside of this timeframe will not be assessed.

When submitting a PATS claim, the client must ensure that all the information provided is correct. False declarations may be liable to penalties of perjury under the Oaths Act 1936.

The client is the only person with legal right to make a claim to PATS and is the only person with the legal right to assign payment to a third party.

8.1 Application form

There is an application form for individual appointments with a medical specialist (Form 1), an application form for multiple appointments with the same specialist, known as block treatment (Form 2), and an application form for advance payments (Form 3). Different parts of the forms need to be completed by different people.

8.1.1 The referring practitioner

The referring practitioner (or authorised representative) is only to complete the 'Referring practitioner details' part on the application form if the client:

- needs to travel past their nearest specialist
- is attending a radiology appointment
- requires an advance for air travel.

8.1.2 The treating specialist

The treating specialist (or authorised representative) must complete the 'Treating specialist details' part on the application form for each claim made by the client, except for block treatment claims (see below).

8.1.3 The client

The client (or carer) must complete all remaining parts (as identified on the form – 'client to complete') for each claim they make, except for block treatment claims (see below).

8.1.4 Block treatment (Form 2)

The block treatment application form is available for situations in which clients are required to travel multiple times in a short timeframe to the same specialist (block treatment). The 'Treating specialist details' part is to be completed by the treating specialist and signed by the specialist (or authorised representative) and client prior to lodgement.

If the client is attending multiple appointments with multiple specialists during their block treatment, each specialist is required to complete a separate Form 2.

If a Form 2 is submitted, a Form 1 is not required for each appointment unless the client has not received a PATS subsidy previously for attending this specialist, in which case they are required to lodge a completed Form 1 with the Form 2.

8.2 Lodging a claim online

Clients are encouraged to complete and lodge their parts of each claim online. If only the client lodges their parts of the claim online, they must scan or photograph the other relevant parts and associated documentation and attach them when submitting the claim (see below).

The instructions for clients are as follows:

1. Log onto the PATS online portal via the PATS website: pats.sa.gov.au
2. Establish your PATS profile.
3. Commence a claim by entering your personal details into the system, including Medicare card details and email address.
4. Check with your GP or health service that the specialist service is the nearest medical specialist.
5. Attend the specialist appointment.
6. Provide the specialist with your PATS client number or Medicare card number so they can authorise the claim online or have them complete the 'Treating specialist details' part on paper.
7. Attach scanned images / photos of any application form completed on paper, along with all receipts and tax invoices.

8.3 Authorised officers

An authorised officer is a person who works with a referring practitioner or medical specialist and can complete the necessary details of a PATS application on their behalf.

In South Australia, authorised officers can include, but are not limited to:

- registrars
- nurse practitioners
- designated staff in the regional LHNs.
- Aboriginal Health Practitioners/Aboriginal Liaison Officers

Authorised officers can complete the necessary details online by registering to use the PATS online portal.

8.4 Payments

PATS will assess and process applications that contain all of the required documentation within four weeks of the claim being submitted. Where PATS has requested additional information about the claim, these claims will be reassessed within 14 days of receiving this additional information.

Payments will be made directly into the client's nominated bank account via an electronic funds transfer (EFT) payment. This will be indicated on the client's bank statement as a payment from 'SA Gov'. The client will receive an SMS text message or email advising them that payment has been made, based on their notification preference.

8.5 PATS audits

The RSS reserves the right to conduct an audit on PATS claims and payment processes. This includes but is not limited to clients, escorts, referring doctors, specialists and accommodation providers.

The RSS reserves the right to take appropriate action to recover funds that have been inappropriately or erroneously paid to a client. This may include situations where excess benefits have been paid, where a client's attendance at the nominated specialist cannot be confirmed, or where a client subsequently recovers the cost of travel and accommodation from an insurer or liable third party.

8.6 Appeals

If a client does not understand or agree with a decision made by PATS, they are encouraged to contact PATS by phone, email, letter or in person. PATS will then review the decision and provide additional information to the client or amend any errors.

If the client still believes that the decision is incorrect, they can appeal the decision in writing to the PATS Manager within 90 days of receiving the initial decline.

Should the client still be unhappy with the outcome of the PATS Manager's review, they can request formal review by the PATS Governance Committee. The PATS Governance Committee meets monthly and will respond to the client within six weeks of lodgement of their complaint.

8.7 Providing feedback

Feedback can be provided by letter, email or phone at any time. The regional LHNs, hospitals and community health services in country South Australia have consumer feedback forms available at all sites that may be used for this purpose.

The matter will be referred to the PATS Manager or the PATS Appeals Committee depending on the nature of the issue.

8.8 Where to get more information

For more information go to the PATS website at pats.sa.gov.au, call 1300 341 684 or visit your local PATS office (see 9.1 PATS offices).

9. Appendices

9.1 PATS offices

All of the regional PATS offices include staff who provide a face-to-face service to their local community. Office hours for PATS face-to-face services are 10.00 am to 12.00 pm and 1.00 pm to 3.00 pm. Please note that there is no face-to-face service at the Adelaide office.

PATS can be contacted by telephone outside of these times – during normal office hours – on 1300 341 684, or by email at pats@sa.gov.au.

Office location	Addresses and contact details
Mount Gambier and Districts Health Service	276-300 Wehl Street North PO Box 267, Mount Gambier SA 5290
Port Augusta Hospital and Regional Health Service	71 Hospital Road Port Augusta SA 5700
Port Lincoln Hospital and Health Service	Oxford Terrace PO Box 630, Port Lincoln SA 5606
Riverland General Hospital	10 Maddern Street Berri SA 5343
Whyalla Hospital and Health Service	Wood Terrace PO Box 267, Whyalla SA 5600
Adelaide (postal address only)	PO Box 3017, Rundle Mall Adelaide SA 5000 Phone: 1300 341 684 Email: pats@sa.gov.au

9.2 Accepted medical specialities

Addiction medicine
 Anaesthetics Breast surgery
 Cardiology
 Cardio-thoracic surgery
 Dermatology
 Emergency
 Endocrinology
 Gastroenterology and hepatology
 General medicine
 General surgery
 Genetics (clinical)
 Geriatrics
 Immunology and allergy
 Infectious diseases
 Intensive care medicine
 Nephrology
 Neurology
 Neurosurgery
 Obstetrics and gynaecology (general)
 Obstetrics and gynaecology (reproductive endocrinology and infertility)
 Occupational and environmental medicine
 Oncology (haematology)
 Oncology (medical)
 Oncology (radiation)

Ophthalmology
 Oral maxillofacial surgery
 Orthopaedic surgery (foot/ankle)
 Orthopaedic surgery (general)
 Orthopaedic surgery (paediatric)
 Orthopaedic surgery (spinal)
 Otolaryngology(head and neck surgery)
 Paediatric cardiology
 Paediatric (general)
 Paediatric (medical oncology)
 Paediatric (neonatal and perinatal)
 Paediatric surgery
 Palliative medicine
 Pharmacology (clinical)
 Plastic and reconstructive surgery
 Psychiatry
 Rehabilitation medicine
 Respiratory and sleep medicine
 Rheumatology
 Sexual health medicine
 Sports medicine
 Urology
 Vascular surgery

Further information about medical specialities is available at the Medical Board of Australia's website: www.medicalboard.gov.au

9.3 Partner accommodation providers

Cancer Council Adelaide

Leukemia Foundation

Ronald McDonald House Adelaide

Hospital Research Foundation

Cottages 4 Country Care

To become a partner provider, please contact PATS via email PATS@sa.gov.au

9.4 Accepted concession cards

A valid concession card is one that has been provided following an income assessment process, such as:

- a Pensioner Concession Card
- a Health Care Card

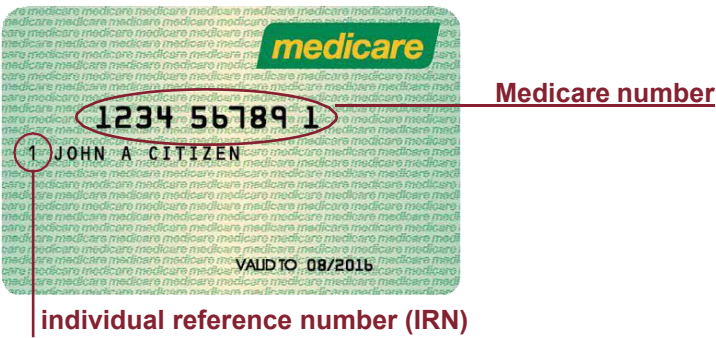


In some circumstances, a Department of Veterans' Affairs (DVA) white card may be eligible, for example if the applicant is travelling for a medical service that is not covered under the terms of the white card.

A seniors card does not meet the criteria and is not considered a concession card for PATS purposes.

9.5 Medicare card

An example of a Medicare card and the numbers required to lodge a claim online.



9.6 Version control and change history

Version	Date	Amendment	Amended by:
26.3	June 2026	Accommodation and Cumulative Travel	PATS Governance Committee
26.2	May 2026	Version Control Update	PATS Governance Committee
26.1	April 2026	Dental Guidelines Update	PATS Governance Committee
25.2	December 2025	Orthotics/Prosthetics Update	PATS Governance Committee
25.1	January 2025	Yarrow Place Inclusion	PATS Governance Committee

For more information

PATS

Rural Support Service

PO Box 3017, Rundle Mall, Adelaide SA 5000

Telephone: 1300 341 684 Email: pats@sa.gov.au

pats.sa.gov.au

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