

Patient Assistance Travel Scheme guidelines

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Patient Assistance Travel Scheme

The Northern Territory has the most geographically dispersed population in Australia with an extremely low population density (approximately 0.17 persons per square kilometre). This creates many challenges in the delivery of specialist health services and the Patient Assistance Travel Scheme (PATS) assists Northern Territory residents in accessing these services. PATS provides a financial subsidy that covers a portion of the 'out of pocket' expenses incurred when residents travel to approved specialist medical services.

These guidelines provide guidance around PATS applications, approvals and administration. However, PATS cannot address all circumstances or situations and is not intended to fully fund travel.

Medical personnel responsible for the operation and administration of the scheme must exercise discretion in decision-making taking into account resources, clinical need and the patient's situation. Where specific situations have not been addressed in these guidelines, the principles of cost effectiveness, risk management, accountability and clinical appropriateness are to be adopted.

PATS Delegated Officers have the authority to approve PATS assistance for patients who may not strictly meet these guidelines if the circumstances can be justified. Such approvals are called 'Out of Policy Approvals'. Out of Policy Approvals will be audited from time to time and PATS Delegated Officers may be required to provide additional justification for such approvals.

Confidentiality

All Department of Health employees dealing with patient travel are bound by the Information Act and Information Privacy Principles and the Department of Health Code of Conduct. All information related to PATS applications, both verbal and written and any related data must be treated confidentially.

Delegations

The Chief Executive has final accountability for the transporting of patients inside and outside the Northern Territory, as legislated in Section 9 of the *Medical Services Act*.

However, the Chief Executive delegates this authority to PATS Delegated Officers. The initial authority is delegated to hospital Directors of Medical Services and / or Senior District Medical Officers. Details of these delegated positions and their Tiers can be found in Schedule 1B for Top End Health Services and Schedule 1C for Central Australia Health Services of the [Delegations](#)¹.

Eligibility

Patients are eligible for PATS if they:

- Are an Australian citizen or permanent resident and currently residing in the Northern Territory.
- As a guide evidence of residency can be demonstrated with any of the documents listed in *Appendix C*.
- Are eligible for Medicare
- Have a current referral to the nearest approved specialist medical service in the Northern Territory; and
- Live more than 200km away (one way) from the nearest approved specialist medical service, or have to travel more than 400km cumulatively per week for oncology or renal treatment.

¹ Can only be accessed by Department of Health staff on internal systems

Patients are not eligible for PATS if they:

- Are on holiday or on business and live in another jurisdiction.
- Are undertaking a journey to or from Australia.
- Are a Fly-in-Fly-out (FIFO) contractor whose permanent residence is not in the Northern Territory.
- Have an accepted claim from a third party, for example workers compensation, travel insurance or the Territory Insurance Office (motor vehicle accidents).
- Have coverage from a third party for example, Commonwealth Department of Veterans Affairs or Northern Territory Department of Corrections.
- Are a Medicare Reciprocal Rights Card holder.

Details of eligibility

Distance threshold

Patients must need to travel more than 200 kilometres one way or more than 400km cumulatively in one week (to attend eligible renal and oncology services) to be eligible for PATS.

The distance is calculated as follows:

- When residing within town boundaries the distance by road between the home town and the town or city where treatment is provided ([Appendix B: Patient travel fuel subsidy reimbursements](#))
- When residing outside a town's recognised boundaries, the distance by road between the patient's usual residential address and the town of treatment.

Exceptions

- Minimum distance restrictions do not apply for PATS eligible patients repatriated following an evacuation, retrieval or inter-hospital transfer.
- At the discretion of the PATS Delegated Officer, PATS may be approved for residential distances less than 200km (as defined above) when the patient's residence is isolated by water (e.g. offshore islands), impassable roads, or where travel involves long stretches of difficult or dangerous roads.
- A patient who originally lived more than 200km one way from the approved specialist service, but relocated long term to a major centre for specialist renal or palliative care, is eligible to receive assistance for one return flight to country to 'finish up', regardless of how long they have been away.

Cross border eligibility

In remote Australia there may be occasions where a person who is resident in another State accesses treatment in the Northern Territory because it is closer to the patient's place of residence. As the patient is not a Northern Territory resident they are not eligible for assistance under Northern Territory PATS. They may be eligible for assistance under similar patient travel schemes in their resident State or their travel may be supported by other health organisations that have the delegated responsibility for their residents health care needs.

The Northern Territory is not responsible for any costs incurred for interstate residents travelling to a specialist service in the Northern Territory or the repatriation of the patient to their place of residence.

Third party cover

Patients are not eligible for PATS if their costs are covered by a third party. This third party can be an organisation such as the Territory Insurance Office, a travel insurer or another government

department such as the Northern Territory Department of Corrections or Commonwealth Department of Veterans Affairs or Worksafe.

These patients should be treated as eligible for PATS until a claim has been formally accepted or an authority to pay has been received.

PATS is also not for use by other government departments who wish to transport clients for non-medical reasons or for specialist services that are not covered under PATS.

Nearest approved specialist service

PATS assistance is available for travel to the nearest approved specialist service in the Northern Territory, which is usually a service at one of the five public hospitals in the Northern Territory; Darwin, Alice Springs, Katherine, Tennant Creek and Gove, but can also be for travel to:

- Mount Isa if the patient is a resident at Lake Nash (Alpurrulam) and the required service is not available within a clinically appropriate timeframe from a visiting specialist or via telehealth and would require a longer journey for an equivalent service in the Northern Territory.
- a visiting specialist service, when this is available within a clinically appropriate timeframe; a telehealth enabled clinic; or a Northern Territory based private specialist when the service is not provided in the Northern Territory public system.

Telehealth facilities are available in more than 50 locations in the Northern Territory. Where possible and clinically appropriate, consideration should be given to conducting the appointment via telehealth rather than requiring the patient to travel.

Only after attending a Northern Territory based specialist and it is determined the treatment for the medical condition is not available in the Northern Territory or not available within a clinically appropriate timeframe, the patient may be referred interstate for treatment.

A referral by a general practitioner, dental practitioner or non eligible specialist (see eligible specialities in Appendix A) direct to an interstate specialist is not eligible for PATS.

Services that are eligible for PATS

Specialist medical services

Specialist medical services that are eligible for PATS in the Northern Territory are listed at [Appendix](#). The following is a list of specialist services to which particular conditions apply.

Specialist oral surgery

General dental or orthodontic services and treatment are not eligible for PATS.

PATS support is available for serious oral conditions such as:

- oral and maxillofacial surgery;
- cleft lip and palate treatment;
- treatment for severe dental trauma or severe dento-facial infections; and
- for patients who require dental treatment as a clinical prerequisite for other intensive treatment or surgery.

To be eligible for PATS the service must be provided by a practitioner with current recognition by the Health Insurance Commission Provider Section as a specialist orthodontist or oral-maxillo-facial surgeon. The surgeon must be listed with PATS as a recognised provider.

Services involved in the fitting of prosthetics and orthotics

Patients travelling for the fitting of an artificial limb or artificial eye are eligible for PATS assistance.

Obstetric confinement

PATS support is available for women who live more than 200km one way from Darwin, Alice Springs, Gove and Katherine hospitals to travel to one these centres for obstetric confinement. This is generally from the thirty-eighth week of pregnancy or otherwise according to clinical need.

There is no automatic approval for an escort to accompany a patient travelling for obstetric confinement, except in circumstances where the patient has a child under the age of two who is travelling with them (see Automatic approval of an escort).

Escorts requested outside of the above circumstance have to be approved on a case by case basis with reference to the escort criteria outlined in these guidelines (see Escorts.)

Exceptions can be made to the 200km eligibility rule (see Exceptions) at the discretion of a Tier4 (TEHS) or Tier3 (CAHS) executive.

Other services available for PATS under certain conditions

Access to the following services is subject to the criteria detailed and has to be approved by a PATS Delegated Officer.

Allied health services

Access to Allied Health services is supported by PATS in the following circumstances:

- When treatment by an Allied Health service is required in conjunction with intensive or surgical treatment (that cannot be provided locally), PATS assistance may be approved by the PATS Delegated Officer for up to seven days before or after the intensive treatment or surgery.
- If further Allied Health treatment is required, the PATS Delegated Officer, in consultation with the treating practitioner, can approve a further fourteen days of PATS assistance in continuity with the first seven days (a total of 21 days).
- Any further treatment is subject to a special application from the treating practitioner and must be approved by a Tier4 (TEHS) or Tier3 (CAHS) Executive.
- If the patient, after completing their treatment, has returned to their usual residence and is found to require additional Allied Health Services related to the original episode of intensive or surgical treatment, the PATS Delegated Officer in consultation with the referring practitioner may approve one further visit, within a six month period that will be funded by PATS.

Assisted Reproductive Technology (ART)

The World Health Organisations defines clinical infertility as:

- “a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.”... (WHO-ICMART glossary1).
- the inability of a sexually active, non-contracepting couple to achieve pregnancy in one year. The male partner can be evaluated for infertility or subfertility using a variety of clinical interventions, and also from a laboratory evaluation of semen.” (Semen manual, 5th Edition 3)

Primary infertility is defined as:

“When a woman is unable to ever bear a child, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth she would be classified as having primary infertility. Thus women whose pregnancy spontaneously miscarries, or whose pregnancy results in a still born child, without ever having had a live birth would present with primarily infertility.” (WHO)

Secondary infertility is defined as:

“When a woman is unable to bear a child, either due to the inability to become pregnant or the inability to carry a pregnancy to a live birth following either a previous pregnancy or a previous ability to carry a pregnancy to a live birth, she would be classified as having secondary infertility. Thus those who repeatedly spontaneously miscarry or whose pregnancy results in a stillbirth, following a previous pregnancy or a previous ability to do so, are then not unable to carry a pregnancy to a live birth would present with secondarily infertile.” (WHO)

Patients receiving ART treatment for infertility, including In Vitro Fertilization (IVF), are eligible for PATS assistance where there is a diagnosis of clinical primary infertility within a current and existing relationship; or where there is a diagnosis of secondary clinical infertility within a current and existing relationship and where a live birth has not been achieved, for example where the patient repeatedly miscarries or has a stillbirth.

Access to PATS for both definitions ceases on the first live birth.

A patient’s partner who is being assessed when investigating causes and treatment for infertility is himself a patient and eligible for PATS. Escorts are not automatically available and the usual criteria applies.

Approval can be given for all intrastate travel for available reproductive treatment subject to the above criteria. Interstate travel can be approved only if the treatment is not available in the Northern Territory. The maximum entitlement per patient is three interstate trips per treatment year. Additional trips interstate are not subsidised. The patient must be made aware of the limits that apply.

Note:

The Northern Territory follows the South Australian legislation on reproductive technology (Assisted Reproductive Treatment Act 1988 (South Australia). The Act allows access to ART based on infertility not circumstance.

Routine antenatal care (normal pregnancy)

- A pregnant woman can receive PATS support for routine antenatal appointments with a specialist obstetrician or a public hospital antenatal clinic in addition to those provided during obstetric confinement.
- The care can be provided by a registered midwife, resident or a visiting medical practitioner.
- The patient is eligible for a maximum of three appointments when antenatal care can be provided locally at an accessible health care centre, this includes Telehealth enabled centres and visiting specialists.
- The patient is eligible for a maximum of 10 appointments when antenatal care is not available locally.

Complicated and/or high risk pregnancy

A patient with a medically or obstetrically complicated pregnancy will be eligible for PATS assistance based on clinical need as determined by the referring and treating practitioners.

Medical termination of pregnancy

When a woman requires an early medical termination of pregnancy and does not have access to safe accommodation within two hours’ driving time from a hospital emergency gynaecology service she will be eligible for PATS financial assistance at the usual rate. Assistance provided will include transport and accommodation costs and automatic eligibility for an escort. The patient will be covered under the PATS program until the patient is discharged by a suitably qualified medical practitioner. Any further follow up appointments required for this procedure will also be eligible for PATS.

Sexual Assault Referral Centre

Access to PATS is provided for Sexual Assault Referral Centre (SARC) clients in the following circumstances:

- Children or adults who are travelling for forensic medical or medical examination following sexual assault at SARC or the nearest hospital are eligible for PATS assistance.
- Children or adults with acute injuries that require a broader medical response, such as presentation at the Emergency Department and / or consultation with a paediatric service at the nearest hospital are eligible for PATS assistance.
- Children or adults who are travelling for counselling only and are not receiving services in conjunction with the above are not eligible for PATS assistance.

In the case of an emergency retrieval or evacuation, children and adults are eligible for PATS assistance to repatriate to their places of residence as per the PATS guidelines.

Choice of specialist

PATS assistance is available when a patient is referred to the nearest approved specialist service in the Northern Territory. If the patient chooses to see a specialist that is not at their nearest approved service (for example an interstate specialist) they are not eligible for PATS.

Private patients

Patients who have private insurance cover may access PATS assistance if their referral is to the nearest approved specialist service in the Northern Territory; or a Northern Territory resident specialist has determined that the service is not available in the Northern Territory and has referred the patient interstate. If the patient chooses to travel to a destination for treatment that is not their nearest approved specialist service they are not eligible for PATS.

Second opinion

A patient has the right to obtain a second opinion; however travel and accommodation is at their own expense and they are not eligible for PATS.

Death of a patient or escort during an episode of care

- When a PATS eligible Northern Territory resident has died during an episode of treatment (whether interstate or intrastate) repatriation of the body to their place of residence is covered under PATS. This includes patients who have relocated to a major centre for long term treatment; e.g. renal patients.
- PATS Offices are to make the necessary arrangements in consultation with an approved funeral director.
- If the patient has travelled with an approved escort and the escort has not already returned home their return journey home is funded under PATS.
- If the escort is receiving an accommodation subsidy at the time of the patient's passing, an additional two nights of subsidy can be provided to allow the escort to make arrangements for the return journey.
- If transport schedules necessitate the escort remaining in accommodation for longer than two additional nights the PATS accommodation subsidy can be extended to cover this period.

Repatriation of a patient after an evacuation, retrieval or inter-hospital transfer

Evacuations and retrievals occur when a patient has an acute medical problem and must be transferred to a Northern Territory Hospital (retrieval) or from a tertiary hospital in the Northern Territory to an interstate tertiary facility (evacuation).

An inter-hospital transfer (IHT) is the transfer of an inpatient from one hospital to another.

Evacuation, retrievals and IHT's, although classified as patient travel are not PATS events as the patient does not have a referral to an approved specialist medical service. However, patients (and associated escorts) who are returning home following an evacuation, retrieval or IHT are repatriated under PATS.

Generally patients are repatriated to their place of residence; however at the patient's request repatriation may be to the place from which they were evacuated, if the cost is comparable, or the patient pays the difference in fares.

Standard PATS eligibility applies for the patient, with the exception of the distance eligibility, which is waived. Upon discharge of the patient, PATS will cover the standard accommodation subsidy until transport is available.

Patients are not required to accept repatriation services. However, if the patient is not repatriated within two weeks of discharge and there is no clinical reason for them to remain near the approved service (for example for follow-up treatment or post-operative allied health services), they are to be informed that access to PATS support ceases at that time.

Repatriation via PATS (following an evacuation, retrieval or IHT) is only for Northern Territory PATS eligible residents. Interstate or overseas residents who have been subject to an evacuation, retrieval or IHT have to make their own repatriation arrangements once they have been discharged from hospital.

Evacuations and retrievals and IHTs cannot be authorised to circumvent the PATS approval process.

Escort for a patient who is evacuated, retrieved or transferred

In an emergency the first priority is the transport of the patient to appropriate medical care. The authorised medical officer may approve an escort at the time of evacuation, retrieval or transfer, or the PATS Delegated Officer may do so later if an escort is considered necessary in accordance with the guidelines.

The escort may not be able to travel with the patient for operational reasons even in circumstances where the patient automatically qualifies for an escort (e.g. the patient is under 18 years of age). The carriage of an escort at the time of evacuation, retrieval or transfer is not the first priority and can only be authorised after consultation with the pilot and flight nurse.

When the escort cannot travel with the patient, PATS will fund the transport of the approved escort to the treating location as soon as transport is available. If the approved escort chooses to arrange their own travel the costs can be reimbursed as per the guidelines.

Transport of an escort for an evacuated, retrieved or transferred patient (via PATS) is only for Northern Territory PATS eligible residents. Escorts accompanying patients who are interstate or overseas residents have to make their own travel and repatriation arrangements.

Applying for PATS

Applications

Applications are made on behalf of the patient through the electronic Travel Management System – TMS (see Requesters).

If an application meets the standard eligibility criteria then the application is likely to be automatically approved. Applications outside the standard criteria will be forwarded to a PATS Delegated Officer for assessment. The delegate may approve the application if they consider that the details provided in the application warrant approval. Such approvals are called 'Out of Policy Approvals'. The delegated officer is responsible for all 'Out of Policy' approvals and may be asked to provide detailed justification for audit purposes.

PATS referral procedures

A recommendation by a Northern Territory resident specialist is required for referrals to some Northern Territory sub-specialities and for all interstate sub-speciality referrals.

All PATS applications for reviews or follow-up care must be clearly justified on clinical grounds and approved only on the basis that the follow-up care cannot be provided via telehealth, by a visiting specialist or primary health care professional.

Booking options

Once the travel application has been approved travel bookings can be made by the Patient Travel Clerk or the patient can make their own bookings and claim reimbursement if they prefer (see Transport subsidies).

Where the patient makes their own bookings they are responsible for payment to the vendor for all accounts and should seek reimbursement of the relevant subsidy from the PATS Office at the completion of their travel, but no later than three months after their last appointment or scheduled treatment.

If a patient elects to book transport or accommodation which is more expensive than the applicable PATS subsidy, the patient is responsible for the difference in costs. There can be no exceptions to this as it is the patient's choice to book accommodation directly and they are making their own decision to book fares and accommodation that suit their individual requirements.

When the bookings are made by the PATS office the patient is responsible for any difference in accommodation costs and the accommodation subsidy. With regards to transport, the most appropriate mode of travel is determined by PATS staff with consideration to distance, availability, accessibility, patient preference and medical condition.

Claiming reimbursement of expenses

When seeking reimbursement for costs, the following must be attached to the fully completed and signed Specialist Certification Form (produced by TMS on the patients travel itinerary):

- Original tax invoices and receipts for travel and accommodation subsidies, excepting fuel subsidies as outlined in [\(Appendix B: Patient travel fuel subsidy reimbursements\)](#).
- Original public transport tickets, proof of payment for e-tickets or the traveller's copy of tickets or itinerary where air travel has been undertaken are also required.
- Accommodation invoices and receipts need to identify the claimant by name, and specify the dates of accommodation and be in alignment with the treatment period.

- Only approved patients and escorts can receive the accommodation subsidy and only for the approved accommodation period. Any additional accommodation charges must be paid by the patient.
- Photocopied receipts are not accepted and receipts will not be returned to the applicant after a payment is made.
- Incomplete or unsigned forms will be returned to the patient for rectification.

Retrospective applications

If after travelling a patient becomes aware that they may have been eligible for PATS they can make a retrospective application and claim.

The claim must be lodged within three months of completion of treatment and is subject to the usual PATS criteria and reimbursement procedures.

It is the patient's responsibility to provide any information required to assess a claim. This includes a copy of their referral from a Northern Territory specialist to an interstate specialist.

On lodging a retrospective application the patient should be informed that normal approval process apply and that their application may not be accepted.

No show and did not attend

A 'No Show' is recorded if a patient or approved escort fails to travel on pre-booked transport, and has not provided a minimum of 48 hours' notice that they will not be travelling.

A 'Did Not Attend' is recorded if the patient or approved escort travels as planned but does not attend their appointment and has not provided a valid reason for not attending.

If travel and accommodation has been booked twice for a patient attending a specialist medical service and:

- they have not travelled or did not attend;
- have not given 48 hours or more notice of their intention not to travel or non-attendance; and
- there are no extenuating circumstances for non-travel or non-attendance, or a separate arrangement has been made with the local PATS office; then
- any further travel has to be paid for by the patient or family and will be reimbursed by PATS once the travel and medical treatment has been completed and documentation provided.

Exceptions to this arrangement have to be approved by a Tier4 (TEHS) or Tier3 (CAHS) executive. Patients can regain access to the pre-booked service funded by PATS at the discretion of the Tier4 (TEHS) or Tier3 (CAHS) executive.

Roles and responsibilities

Roles and responsibilities of requesters, PATS Delegated Officers, travel clerks, patients and escorts

Requesters

A requestor is a registered health professional or dental practitioner who has been authorised to request PATS support for patients they are referring to approved specialist medical services.

Before applying for PATS on behalf of the patient the requester must consider whether the service can be delivered via telehealth or by a visiting specialist. This applies in particular to reviews and follow-up appointments.

To submit an application for PATS, the requester will need to:

- Determine the patient's financial classification; for example if the patient has an approved claim for assistance from a third party source (for example the Department of Veterans Affairs, Territory Insurance Office or other government department) they are not eligible for PATS.
- Ask for the necessary information from the patient to complete an application form. The TMS will not allow the submission of applications if mandatory fields have not been completed.
- Fully substantiate the need for an escort for patients aged 18 years and over with regard to the escort criteria (see Escorts) provided in these guidelines.
- Specify any special requirements or needs for mode of transport, with due regard to the patient's health status, mobility and personal preference (e.g. unwillingness to fly with a preference to travel by road).

NOTE: If the patient wishes to make their own travel and accommodation arrangements this must be noted in the application, otherwise the PATS office will make the bookings on the patient's behalf when the application has been approved.

The requester will also need to:

- Explain to the patient (and escort) that the application for PATS support is subject to approval. The requestor must not make any assurance to the patient about the availability of the subsidy in their particular circumstance.
- Discuss with the patient (and escort) the length of time they may be away from home and the expected duration of treatment (if known).
- Provide any relevant clinical information to the patient (and escort) and explain the reasons for treatment and the importance of attending the specialist service in relation to the patient's health care.
- Ensure that the patient understands the treatment and provides informed consent to undertake the treatment and the travel that is necessary.
- Provide the patient with relevant printed and/or online materials explaining their treatment and provide the patient with the contact information for their local PATS Office.
- Assist in prioritising requests by submitting routine requests in TMS five days prior to travel. Urgent requests will continue to be prioritised.
- Notify the patient of the outcome of a rejected application

PATS delegated officers

The TMS will automatically approve most applications that are 'In Policy', which means they meet all of the usual eligibility criteria. Applications that are not automatically approved by the TMS will be forwarded to a PATS Delegated Officer for assessment.

In many instances non-automatic approvals that are within guidelines will be routine or relatively minor decisions. For all non-automatic approvals the PATS Delegated Officer is required to clearly document reasons for approval in the TMS. Additional documents can be attached to the travel request to support decision making.

Applications that are Out of Policy are sometimes required when the circumstances are unusual or highly discretionary. The PATS Delegated Officer at Tier4 (TEHS) and Tier3 (CAHS) has the authority to approve Out of Policy applications when they consider that on the basis of the evidence provided the PATS application should be approved, with the primary responsibility being to patient care and clinical outcomes.

Before approving support the PATS Delegated Officer needs to:

- Review the application and understand the reasons for rejection by the TMS.

- Develop an understanding of the scope of assistance that has been requested, and ensure that the non-automatic or out of policy usage is appropriate under the circumstances incorporating the principles of cost effectiveness, risk management and clinical need.
- Consult with the requester if further information is required and refer applications to the Tier4 (TEHS) and Tier3 (CAHS) approver or Health Service Chief Operating Officer for a decision if necessary.

Patient Travel Clerks

The PATS Office provides the patient with the information and assistance they need and can make bookings for patients if required. PATS Clerks must:

- Provide information and assistance to patients on travel and accommodation bookings on receipt of an approved application.
- Check on the application to see if it is indicated that the patient wishes to arrange their own travel.
- Take into account the patient's wishes with regards to modes of travel if indicated on the travel form.
- Provide the patient with a travel itinerary when the application has been approved sufficiently in advance.
- Explain any extra costs to the patient, i.e. balance of accommodation, no coverage for incidentals etc.
- Liaise with patient if any claimable subsidies are to be ceased, for example 12 month accommodation subsidy.
- Explain the patient's responsibilities under PATS and ensure that the patient receives all relevant information they will require to undertake their travel.
- Enter required data accurately into the TMS including "no shows" and "cancellations" and ensure patient data is kept up to date at all times.
- Process payments and patient reimbursements as required.

Patients

Patients are required to:

- Travel to appointments that have been arranged on their behalf or give at least 48 hours' notice of inability to travel to enable cancellation of the travel.
- Notify the local PATS office of any changes to their appointment or treatment dates.
- Be responsible for all costs that are not eligible for PATS subsidy and any gaps between the subsidy and actual cost.
- Ask their specialist/treating clinician to complete their Specialist Certification Form.
- Complete their return journey within 14 days of their last appointment or hospital discharge, unless otherwise specified by their referring or treating physician.
- Acquit their travel within three months following the date of the last specialist appointment, date of hospital discharge, or last eligible service.
- Notify their PATS office of a change in residential address during the period of treatment.

Escorts

An escort is approved for a patient based on the criteria outlined in these guidelines (see Escorts) and the escort must assist the patient during travel and the treatment period, be available to provide for the personal needs of the patient and attend medical appointment with the patient if required. The escort must also:

- Undertake travel as arranged on their behalf or give at least 48 hours' notice of inability to travel to enable cancellation of the travel.
- Be responsible for all costs that are not eligible for PATS subsidy and any gaps between the subsidy and actual cost.

Transport subsidies

Air travel

Given the distances involved in travelling within the Northern Territory the most efficient mode of transport for patients is often by air – commercial or charter.

There is flexibility in the booking process, however the guiding principle is that the most economical fare should be booked, taking into account the patient's medical condition, their age, time of the appointment, the need to ensure the patient's safety on arrival and access to accommodation. This applies to travel booked by PATS offices and by patients themselves.

For example, it is not necessary to book the cheapest fare if the flight would arrive at an unreasonably early or late hour, meaning that the patient will be unable to check into accommodation or have somewhere safe to go.

A further example would be if booking a slightly more expensive fare results in savings in accommodation costs for the patient (and escort if approved). In this case a 'flexi-saver' fare can be purchased, even though it is for a higher amount.

However, if the patient is making the bookings and chooses a more expensive fare, purely for personal convenience or books in business class, then they will be responsible for the difference in the cost of the fare.

Travel between Alice Springs and Darwin and interstate travel is to be by regularly scheduled commercial airlines.

Air travel bookings

PATS office books flights

When the PATS Office books the flights only one way tickets are to be issued because the date of the return journey will depend on the outcome of the appointment or admission, patients making their own bookings should be advised to do the same.

When it is time for the patient to return home the PATS staff are to make arrangements and inform the patient in a timely manner.

Patient books own flights

When a patient is making their own bookings they are reimbursed at the same rate that would have applied if the PATS office had made the booking for them.

If the patient chooses a more expensive fare for personal convenience, or books a business class fare, they will be responsible for the difference in the cost of the fare.

A patient who against advice books a return flight, which they subsequently cannot use due to the continuation of their treatment or convalescence, is not entitled to claim any fare difference, rebooking fees or loss of fare that may result.

Road travel - private vehicle

If a patient requests to travel by road in their own vehicle, instead of by air or by bus, the request should be given due consideration.

The fuel subsidy is provided for the kilometres travelled based on the pre-determined distance between the patient's town or their home address if outside town and the appointment ([Appendix B: Patient travel fuel subsidy reimbursements](#)).

The patient is responsible for any additional fuel costs and any additional kilometres travelled. The subsidy does not cover wear and tear or depreciation expenses for the vehicle. The subsidy is fixed at 20c per km per patient, for up to three patients travelling together in the same vehicle (i.e. a maximum of 60 cents per kilometre claimable).

The Department of Health supports safe driving practices. If a patient chooses to travel by car to their appointment and has to travel more than 10 hours within a 24 hour period, they are eligible for one night's accommodation during the trip. If the patient chooses to travel over a number of days, they are not eligible for any extra accommodation subsidy during the travel period.

Bus

PATS will fund the lowest available fare from the bus departure point closest to the patient's home to the destination closest to the medical service, taking into account reasonable departure and arrival times and the patient's condition and individual needs.

Ground transport reimbursement

All patients can claim a reimbursement for approved ground transport expenses incurred for incidental travel between home and transport hubs, appointments and accommodation, for example taxi fares and public transport. Hire car expenses cannot be claimed and ground transport does not cover fuel, this is addressed in the section above; i.e. *road travel private*. The ground transport reimbursement is paid to patients upon presentation of dated tax invoices and/or public transport tickets. The dates on the receipts must agree with the appointment schedule for the patient's specialist medical service. Escorts do not qualify for the ground transport reimbursement. However, the patient can claim for the escorts public transport tickets when they are travelling with the patient. Assistance is limited to reimbursement of the actual costs incurred for the patient and an approved escort travelling together, to a maximum of \$50 per PATS return journey. Any additional costs are the patient's responsibility.

Travel home between treatment

If the patient has a series of treatments over an extended period of time they may wish to travel home between treatments. If the treating doctor advises the patient is fit to travel, they qualify for a PATS subsidy for the return journey if the subsidy for the return journey is less than the cost of continued accommodation support for the intervening period. The return journey must only be to the patient's usual residence, not to another location. If an escort has been approved and has remained with the patient during treatment they will also qualify for a return journey under the same conditions.

Accommodation assistance

Eligibility for accommodation subsidy

Accommodation assistance is provided in the following circumstances:

- The forward and return journeys cannot reasonably be completed in one day;
- The specialist certifies that the patient needs to stay for pre or post treatment; or
- Transport schedules are limited and the patient needs to stay overnight.

Accommodation subsidy amounts

When accommodation is approved, the patient receives either:

- The commercial subsidy (\$60 per person per night); or
- The private accommodation subsidy (\$20 per person per night).

Conditions

- Accommodation subsidies do not apply for any nights that the patient is an admitted inpatient in the hospital.
- When an escort has been approved, they are eligible for an accommodation subsidy and remain eligible while the patient is an inpatient.
- If the escort is eligible to stay at the hospital as a boarder and this accommodation option is available, they will not be eligible for the accommodation subsidy.
- Hostel accommodation fees are paid directly to the hostel by the PATS Office and the patient is not required to make a contribution.

Gaps

- For the majority of non-hostel accommodation the subsidy will not cover the full cost of accommodation and the patient is responsible for the difference.
- For non-hostel accommodation PATS Offices should not pay the full rate of accommodation to providers, only the subsidised amount. Exceptions to this have to be approved by a Tier4 (TEHS) or Tier3 (CAHS) Executive (see Delegations).
- There is no reimbursement or advance for meals, phone calls or other incidental expenses.

Accommodation subsidy time limits

Conditions and time limits apply for accommodation subsidies for each treatment period.

- The period the patient will need to be away is decided by the requesting practitioner and/or specialist and will generally be of a short duration.
- The expected length of stay for treatment must be specified by the requesting specialist in the initial TMS application. This can be up to period of eight weeks
- Accommodation periods beyond eight weeks are only possible under exceptional circumstances and must be approved by a Tier4 (TEHS) or Tier3 (CAHS) - (see Delegations).
- There is provision for renal, oncology and transplant patients to be accommodated for more than eight weeks. However, this is at the discretion of the PATS Delegated Officer and cannot be guaranteed.
- There is an absolute maximum of 12 months continuous accommodation subsidy per patient regardless of medical condition or ongoing treatment.
- When a patient is receiving long term treatment the patient (or their family) will be informed at the nine month point by the PATS office that the accommodation subsidy ceases in three months' time.

NOTE: If their treatment is continuing beyond twelve months they are responsible for all accommodation costs from that point forward.

Accommodation subsidy ends under certain circumstances

A patient receiving an accommodation subsidy while undertaking long term treatment will cease to be eligible for PATS assistance if they:

- Move their place of residence closer to a treatment centre and no longer live more than 200km away (or no longer travel more than 400km a week cumulatively for renal and oncology patients), or
- Have moved interstate for treatment and are no longer a resident of the Northern Territory.

Escorts

Eligibility for an escort

When a patient has been approved for PATS they may also qualify for one escort to assist them subject to the conditions for approval outlined in this section except in circumstances where the patient is a child with a life threatening illness in which case two escorts can be approved, see below for eligibility details.

Ineligibility for an escort

Escorts are not to be approved for emotional support or to keep patients company. Escorts can only be approved in accordance with the criteria outlined in this section. When an escort is not approved, a patient may still want someone to travel with them to the appointment, which is their right, however the travel and accommodation for the escort will not be funded by PATS.

Automatic approval of an escort

There are some circumstances when an escort is automatically approved:

- If a patient is travelling interstate for surgery or intensive treatments.
- Patient who is a child under 18 years of age and travelling for treatment or an appointment is eligible for one escort. The escort should preferably be the child's parent, guardian or primary care giver.
- When the patient is a child under the age of 18 and has a condition that is considered life threatening two escorts (usually both parents) can be approved. A life threatening condition is defined as "any illness or condition developed in childhood whereby the child is likely (probability of greater than 50 per cent) to die prematurely. It includes life-threatening disabilities as well as life threatening illnesses."²

NOTE: Some discretion is expected in assessing applications under these circumstances. The intent is for two escorts to be approved when there is an immediate risk of death for the patient or when major treatment decisions are to be made, but not for routine follow up appointments, reviews and consultations.

- If a mother is travelling for treatment or obstetric confinement, and has one or more children under the age of two who she wishes to travel with her, the child or children's travel can be approved. There is also automatic approval for one escort to assist. Children older than two years but less than 18 years must not be classified as escorts to circumvent the age limit.

NOTE: Some discretion is expected in assessing applications under these circumstances. The intent is for the child to travel and an escort to be approved when there is a treatment episode or the mother is coming into town for obstetric confinement. It is not for routine follow up appointments, reviews and consultations unless these events require the mother to be away for a number of days.

- When a woman requires an early medical termination of pregnancy and does not have access to safe accommodation within two hours' driving time from a hospital emergency gynaecology service.

Criteria for delegate approval of an escort

Where an escort is not automatically approved in TMS, a PATS Delegated Officer may approve the escort in the circumstances outlined in the table below.

² Lenton, S, Stallard, P & Mastroyannopoulou, K, 2001, 'Prevalence and morbidity associated with non-malignant, life threatening conditions in childhood', *Child Care Health Development*, vol 27, pp389-398.

The requester is to identify in the TMS the criterion under which they are requesting an escort, and the reason within the criterion, using the 'add an escort' function. For example: Impairment: dementia.

Impairment	The patient has a cognitive impairment condition, including acquired brain injury, dementia or confusion. It also includes visual impairment or where mobility is impaired.
Active role of carer	The patient has a regular and active carer. This includes instances where the carer is responsible for the patient's medical treatment (renal dialysis, catheterising, and administering of treatment) or personal care needs, for example, in the case of patients with physical disability.
Assisting in patient care	Where the patient requires assistance for long-term specialist medical treatment, and/or in decision-making about cancer treatments or assistance following major procedures. Where a patient is frail or elderly and requires assistance. Where the patient requires linguistic support, taking into account that there are language support services at the five public hospitals in the Northern Territory and government funded interpreter services.
To provide an alternative mode of travel	Where it isn't appropriate for a patient to travel using routine transport options and the escort facilitates another means of travel; for example, where the patient has a visual or hearing impairment or a mental illness, such as schizophrenia, psychosis or severe depressive disorder.

Who can be an escort?

An escort must be aged 18 years or older and be able to provide the necessary assistance and care. A person who is known to display anti-social behaviour or is on a banned list (for hostel accommodation) is not to be approved as an escort.

In considering whether a person is an appropriate escort the requester and PATS Delegated Officer should also consider the following:

Ability	Does the person nominated as the escort have the ability to participate in the patient's medical care, life skills and emotional care during transport?
Experience	Has the person been an escort before, did they perform their roles and responsibilities adequately?
Relationship to patient	Does the person know the patient, patient's family or community and could this impact on their ability to assist the patient?

Only one escort can be approved per patient, except in the circumstance of a child under the age of 18 years who has a life threatening condition. (see Automatic approval for an escort)

Replacement escorts

In some instances where a patient has been approved an escort, the escort may need to be replaced. The replacement of the escort and what assistance is provided is dependent on the situation. The following relates to the fares provided for replacement of the escort. As the patient has already been approved an escort, the accommodation subsidy will still be paid when the replacement escort arrives.

Unexpected length of treatment

If an escort has agreed to accompany a patient, but due to unforeseen circumstances the patient has to stay for long term treatment or has to be sent interstate for further medical treatment and

the escort cannot remain, PATS may provide financial assistance for the escort to return home and for a replacement to be provided if required. This will only be permitted once. Any further replacement escorts are not funded by PATS.

Escort needs to return home

If the escort has undertaken to remain with the patient at the commencement of the trip, but has to return home for reasons outside of their control, PATS will fund the journey for either the escort to return home or for the replacement escort to travel in to the support the patient, but not both.

Escort doesn't perform the duties of an escort or takes own leave

If the escort fails to support the patient in their travel and care and/or takes their own leave, the escort is responsible for funding their return. If a replacement escort is required their travel to the patient is not funded by PATS. PATS will arrange for the return travel of the replacement escort in the same manner as would have been the case with the original escort, but only if they are accompanying the patient to return home.

Exceptions to this can only be approved by a Tier4 (TEHS) or Tier3 (CAHS) executive (see Delegations).

Complaints and appeals

What are the patient's rights to complain and appeal decisions they think are incorrect?

The Department of Health respects the right of members of the community to comment or complain about the standard of service it provides and recognises that complaints and appeals are a component of the Department's quality patient care system which aims to make care and services more personal, more effective and safer. Safety and quality consumer feedback is considered to be an important resource in identifying opportunities to improve services.

Internal complaints

In the first instance, the Department of Health seeks to resolve patient complaints in a non-threatening, informal and accessible manner, at the point of service. All complaints are reviewed by the PATS Manager in the first instance. The response to the complaint can range from logging and recognising the issue to a detailed review. The degree of investigation will depend on the details of the complaint, the circumstances and outcome.

External complaints

An external complaint may be lodged with an external agency (such as the Health Complaints Commission,) where it is not possible, or where it is not desired by the patient, to lodge the complaint with the hospital.

What are the Hospital General Manager's responsibilities?

As each hospital has its own PATS Office, the Hospital General Managers are responsible for the establishment of systems to ensure the following:

- A process of natural justice is afforded to all people. For example, prompt acknowledgement and investigation of complaints that are reported and recorded in a 'manner that is fair and equitable' to all parties, without prejudice or assumption, with the emphasis on providing just and objective outcomes.
- Processes are in place to retain all written complaints and associated documents in accordance with privacy legislation and any relevant disposal schedules.

- Monitoring of complaints for statutory reporting.
- Review of complaints to identify risks and trends, and outcomes of measures taken to improve future activities and processes.
- A complaints procedure that is clear and easy to access for those who need it.

What is the role of the person making the complaint?

In the first instance, all complainants should contact the relevant hospital PATS Manager for assistance. This is often a good way of resolving complaints and strengthening services. It can also help people to maintain a good relationship with their service providers.

Before approaching the provider, the complainant should think through the concerns and make sure the facts, as they understand them, are clearly documented.

It is helpful if the complainant provided details of their complaint in writing and includes the following information:

- A concise summary of what happened, with names, dates, times and events.
- Details about what caused the upset or concern. Problems they believe have been caused by what has, or has not, happened.
- The outcome or remedy they are seeking.

Successful resolution of a complaint is more likely if the person making the complaint is realistic about the desired outcomes. They are entitled to have a relative or close friend come with them for support if they are making a complaint in person.

The complainant should ask the provider for a date when they can expect a response and ensure the provider has their current contact details. When a response is received, the complainant can decide whether they wish to take the matter further. If they decide to do so they can refer the matter to the Health Complaints Commission.

What is the patient travel clerk's role?

Patient Travel Clerks should advise patients of the appeals and complaints process when they receive a complaint that cannot be resolved immediately. The Patient Travel Clerk can assist patients by referring them to the appropriate person who may be able to resolve their complaint internally.

PATS office contacts

Top End

Darwin

Royal Darwin Hospital
First Floor,
Rocklands Drive
PO Box 41326
CASUARINA NT 0811
PH: 8922 8135
FAX: 8922 8995

Katherine

Katherine Hospital
Gorge Road
PMB 73
KATHERINE NT 0851
PH: 8973 9206
FAX: 8973 9292

East Arnhem

Gove District Hospital
Mathew Flinders Way
PO Box 421
NHULUNBUY NT 0881
PH: 8987 0540
FAX: 8987 0380

Central Australia

Alice Springs

Alice Springs Hospital

Gap Road

PO Box 2234

ALICE SPRINGS NT 0871

PH: 8951 7846

FAX: 8951 9111

Barkly

Tennant Creek Hospital

Schmidt Street

PO Box 346

TENNANT CREEK NT 0861

PH: 8962 4262

FAX: 8962 4205

Appendix A: list of approved specialist services

Addiction Medicine	Nuclear Medicine
Anaesthesia	Occupational Medicine
Cardiology	Ophthalmology
Cardio-thoracic Surgery	Oral and Maxillofacial Surgery
Coronary Angiography	Orthopaedic Surgery
Clinical Genetics	Otolaryngology – Head and Neck Surgery
Clinical Haematology	Otorhinolaryngology (ENT)
Clinical Immunology and Allergy	Paediatric Medicine and Surgery
Clinical Pharmacology	Pain Medicine
Dermatology	Palliative Medicine
Diagnostic Radiology	Plastic and Reconstructive Surgery
Diagnostic Ultrasound	Psychiatry
Endocrinology	Radiology
Gastroenterology and Hepatology	Radiation Oncology
General Medicine	Rehabilitation Medicine
General Surgery	Reproductive Endocrinology & Infertility (ART)
Geriatric Medicine	Respiratory and Sleep Medicine
Gynaecological Oncology	Rheumatology
Infectious Diseases	Thoracic Medicine
Intensive Care Medicine	Transplant Surgery
Maternal-Foetal Medicine	Urogynaecology
Medical Oncology	Urology
Medical Termination of Pregnancy	Vascular Surgery
Neonatal/Perinatal Medicine	
Nephrology	
Neurology	
Neurosurgery	

Appendix B: Patient travel fuel subsidy reimbursements

For PATS applications approved after the 1st September 2013 the fuel subsidy reimbursement amount has increased to 20 cents per kilometre driven to receive specialist medical treatment.

Eligible patients can claim for reimbursement if they have travelled over 200km in one direction to attend specialist medical treatment. Reimbursement can also be paid for their return journey. Patients traveling for oncology or renal services can claim for fuel subsidy reimbursement if they have travelled a cumulative distance of 400kms or more over the duration of a week.

The PATS request should be approved prior to the date of travel unless the patient is making a retrospective claim for reimbursement. When the patient attends their appointment they should ask the specialist to sign the Specialist Certification section of their travel itinerary. Once fully completed the patient should return the itinerary to their nearest PATS office, within three months of the date of travel. Fuel receipts are not required when claiming the fuel subsidy for towns detailed in this appendix as you are reimbursing them for the kilometres travelled not the fuel placed in the car.

Important distance information

The following tables include the distance travelled by road and the reimbursement amounts paid for a one way journey. Patients who reside outside of town boundaries can claim for the distance travelled by road from their permanent residence to the relevant hospital, this will be calculated at 20 cents per kilometre travelled.

NOTE: the tables indicate the reimbursement amount for one patient travelling in the vehicle. Claimants are entitled to claim for up to three patients travelling together in the one vehicle (not including escorts or other people). In this circumstance the total maximum claim per vehicle is 60 cents per kilometre).

Locations listed in the tables marked with an asterisk* are less than 200km from the specialist service. For these locations the fuel subsidy ONLY applies for oncology and renal patients travelling a cumulative distance of more 400kms over one week.

All other travel from these locations does not qualify for a subsidy, even if the return journey is greater than 200km.

Travel to Darwin Hospital

Destination Traveling From	Kilometres by Road to Darwin Hospital	Fuel Reimbursement Amount (one-way)
Acacia Hills *	62 Km	\$12.40
Adelaide	3027 Km	\$605.40
Adelaide River *	113 Km	\$22.60
Alice Springs	1498 Km	\$299.60
Barunga	397 Km	\$79.40
Batchelor *	98 Km	\$19.60
Berry Springs *	57 Km	\$11.40
Borroloola	970 Km	\$194.00
Bulla	659Km	\$131.80
Bulman	625 Km	\$125.00
Daly Waters	589 Km	\$117.80
Darwin River *	67 Km	\$13.40

Destination Traveling From	Kilometres by Road to Darwin Hospital	Fuel Reimbursement Amount (one-way)
Dundee Beach *	144 Km	\$28.80
Elliott	736 Km	\$147.20
Emerald Springs *	194 Km	\$38.80
Jabiru	255 Km	\$51.00
Kalkarindji	776 Km	\$155.20
Katherine	317 Km	\$63.40
Larrimah	499 Km	\$99.80
Mandorah *	128 Km	\$25.60
Maningrida	512 Km	\$102.40
Mataranka	422 Km	\$84.40
Nauiya (Daly River)	220 Km	\$44.00
Ngukurr	636 Km	\$127.20
Nhulunbuy	1046 Km	\$209.20
Noonamah *	45 Km	\$9.00
Oenpelli	303 Km	\$60.60
Pine Creek	226 Km	\$45.20
Robinson River	1115 Km	\$223.00
Tennant Creek	989 Km	\$197.80
Timber Creek	602 Km	\$120.40
Wadeye (Port Keats)	399 Km	\$79.80
Yarralin	705Km	\$141.00

* Fuel subsidy financial assistance for patients that are travelling a cumulative distance of 400km or more per week for Oncology or Renal services only.

Travel to Katherine Hospital

Destination Traveling From	Kilometres by Road to Katherine Hospital	Fuel Reimbursement Amount (one-way)
Adelaide	2715 Km	\$543.00
Alice Springs	1185 Km	\$237.00
Barunga *	84 Km	\$16.80
Borroloola	657 Km	\$131.40
Bulla	345Km	\$69.00
Bulman	312 Km	\$62.40
Daly Waters	276 Km	\$55.20
Elliott	422 Km	\$84.40
Emerald Springs *	126 Km	\$25.20
Jabiru	306 Km	\$61.20
Jilkminggan *	147 Km	\$29.40

Destination Traveling From	Kilometres by Road to Katherine Hospital	Fuel Reimbursement Amount (one-way)
Lajamanu	560 Km	\$112.00
Larrimah *	185 Km	\$37.00
Kalkarindji	464 Km	\$92.80
Mataranka *	109 Km	\$21.80
Minyerri	240 Km	\$48.00
Ngukurr	323 Km	\$64.60
Nhulunbuy	733 Km	\$146.60
Pine Creek *	94 Km	\$18.80
Robinson River	802 Km	\$160.40
Tennant Creek	676 Km	\$135.20
Timber Creek	289 Km	\$57.80
Yarralin	392Km	\$78.40

* Fuel subsidy financial assistance for patients that are travelling a cumulative distance of 400km or more per week for Oncology or Renal services only.

Travel to Nhulunbuy Hospital

Destination Traveling From	Kilometres by Road to Nhulunbuy Hospital	Fuel Reimbursement Amount (one-way)
Adelaide	3337 Km	\$667.40
Baniyala	206 Km	\$41.20
Darwin	1046 Km	\$209.20
Gan Gan	202 Km	\$40.40
Gapuwiyak	218Km	\$43.60
Ramingining	434 Km	\$86.80

* Fuel subsidy financial assistance for patients that are travelling a cumulative distance of 400km or more per week for Oncology or Renal services only.

Travel to Alice Springs Hospital

Destination Traveling From	Kilometres by Road to Alice Springs Hospital	Fuel Reimbursement Amount (one-way)
Adelaide	1530 Km	\$306.00
Ali Curung	380 Km	\$76.00
Ampilatwatja (Ammaroo)	327 Km	\$65.40
Aputula (Finke)	434 Km	\$86.80
Atitjere	215 Km	\$43.00
Avon downs	915 Km	\$183.00
Barkley Homestead	721 Km	\$144.20
Barrow Creek	283 Km	\$56.60
Canteen Creek	601 Km	\$120.20

Destination Traveling From	Kilometres by Road to Alice Springs Hospital	Fuel Reimbursement Amount (one-way)
Docker River (Kaltukatjara)	672 Km	\$134.40
Elliott	763 Km	\$152.60
Engawala (Alcoota Stn) *	182 Km	\$36.40
Erlundra	200 Km	\$40.00
Haasta Bluff (Ikuntji)	226 Km	\$45.20
Hermannsburg (Ntaria) *	127 Km	\$25.40
Imanpa	381 Km	\$76.20
Kings Canyon	322 Km	\$64.40
Kintore (Pintubi)	522 Km	\$104.40
Laramba	205 Km	\$41.00
Mt Liebig	319 Km	\$63.80
Mutitjulu	468 Km	\$93.60
Newcastle Waters	790 Km	\$158.00
Nyirripi	485 Km	\$97.00
Papunya	250 Km	\$50.00
Rockhampton Downs	673 Km	\$134.60
Santa Teresa *	81 Km	\$16.20
Tara	289 Km	\$57.80
Tennant Creek	509 Km	\$101.80
Ti Tree (Nturiya)	196 Km	\$39.20
Titjkala (Maryvale) *	130 Km	\$26.00
Utju	240 Km	\$48.00
Yuelamu (Mt Allen)	290 Km	\$58.00
Utopia (Urapuntja)	242 Km	\$48.40
Wauchope	395 Km	\$79.00
Wilora	253 Km	\$50.60
Yuendumu	334 Km	\$66.80
Yulara	445 Km	\$89.00

* Fuel subsidy financial assistance for patients that are travelling a cumulative distance of 400km or more per week for Oncology or Renal services only.

Travel to Tennant Creek Hospital

Destination Traveling From	Kilometres by Road to Tennant Creek Hospital	Fuel Reimbursement Amount (one-way)
Adelaide	2039 Km	\$407.80
Alice Springs	509 Km	\$101.80
Ali Curung *	173 Km	\$34.60
Avon Downs	413 Km	\$82.60

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Destination Traveling From	Kilometres by Road to Tennant Creek Hospital	Fuel Reimbursement Amount (one-way)
Barkley Homestead	211 Km	\$42.20
Canteen Creek	266 Km	\$53.20
Elliott	254 Km	\$50.80
Epenarra (Wutunugurra)	205 Km	\$41.00
Neutral Junction /Barrow Creek	228 Km	\$45.60
Newcastle Waters	281 Km	\$56.20
Rockhampton Downs *	164 Km	\$32.80
Wauchope *	115 Km	\$23.00

* Fuel subsidy financial assistance for patients that are travelling a cumulative distance of 400km or more per week for Oncology or Renal services only.

Appendix C: Evidence of Northern Territory residency

Applications for PATS must include evidence of current residency in the Northern Territory. This can be either:

- a current Northern Territory drivers licence.
- a concession or entitlement card issue by either the Northern Territory or Australian Government that includes the applicant's residential address.
- a contract of purchase, current lease or rental document, receipt from an accommodation house or caravan park showing the applicant's residential address.
- formal NT Government correspondence identifying applicant's residential address dated within the last 12 months.
- council rate notice including the applicant's current residential address.
- financial institution document identifying the applicant's residential address dated within the last three months.
- gas, electricity, water, telephone, pay TV, Austar, internet account identifying the applicant's residential address dated within the last three months
- document from an educational institution identifying the applicant's current residential address