

Going to Hospital

WHAT YOU NEED TO KNOW



Mildura
HEALTH
Fund

JANUARY 2025

At Mildura Health Fund, we want to take some of the worry out of going to hospital.



This brochure has all the information you need to know.

It will help guide you through your hospital stay so you can focus on your health and recovery.



Important: The information contained in this brochure is current at the time of issue January 2025, and supersedes all previously published material. The material is subject to change at any time. This publication is a guide only and in some instances your Hospital or Medical Specialist may offer you different advice.

Membership of Mildura Health Fund, including entitlement to and payment of benefits, is subject to the Fund rules which are available to inspect at 79 Deakin Avenue, Mildura.

If you anticipate undergoing any medical treatment for which you are expecting a benefit from Mildura Health Fund, contact us before treatment or being admitted to a hospital to confirm your benefit entitlements.

It is also important to review your health insurance cover regularly to ensure it continues to meet your health needs. Should you require further information about your policy or the going to hospital process, Mildura Health Fund encourages you to phone us on (03) 5023 0269, email: mhf@mildurahealthfund.com.au or visit us at 79 Deakin Avenue, Mildura. Our trading hours are Monday to Friday 8.30am – 5pm (AEST).

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INTRODUCTION

From your first doctor or medical specialist appointments, through to recovery, there is a lot to think about. This brochure explains how the hospital system works but if you still have questions, please call us on 03 5023 0269.

We are here to help.

Whether it is an emergency or planned, going to hospital can be overwhelming.

BEFORE YOU GO TO HOSPITAL



It is important that you understand your medical condition and are aware of your treatment options and the costs involved in your health care.

CHECK YOUR LEVEL OF COVER

Before you make any decisions about your treatment and hospital stay you should ask us:

- What your level of hospital cover is
- If you will have to pay an excess
- If you are covered for the treatment
- Whether you will be covered if you go to a private hospital and if you are, does the Fund have an agreement with your chosen hospital.
- If you have served any waiting periods

INFORMED FINANCIAL CONSENT

Understanding what your medical treatment might cost is known as an 'informed financial consent'.

Prior to going to hospital, both your doctor and the hospital must advise you of any out-of-pocket costs that you may be charged.

As a patient you have the right to ask for an estimate of fees before receiving a service or agreeing to treatment.

There are a range of circumstances where a doctor may find it difficult to provide a complete financial estimate. These include in a medical emergency or if there is an unexpected complication.

Having informed financial consent can help remove any surprises from medical costs and help you to understand your medical fees.

Keep a record of your medical invoices and if you feel you've been charged for things you didn't agree to, you should contact your doctor's office to find out why the fees are more than expected.

TALK TO YOUR DOCTOR

It's important that you understand your medical condition and the proposed treatment, so take the time to talk to your GP and medical specialist. Ask questions and learn about all your treatment options and the recovery process. You should feel confident in making the health decisions that are right for you.

DID YOU KNOW THAT YOU CAN ASK YOUR DOCTOR FOR AN OPEN REFERRAL?

This allows you to choose a medical specialist who you feel best understands you and your condition.

Some questions you might like to ask your doctor:

- What is my condition and why do I require treatment?
- What is the expected outcome of the treatment?
- Are there other treatment options?
- What are the benefits, risks and possible complications associated with my treatment?
- How long should I expect to be in hospital and what will my recovery be like?
- Will I need assistance at home after I am released from hospital?
- Does my treatment, and any associated procedures, need to be performed immediately or can it wait?
- If I need a prosthesis (e.g. hip or knee replacement or a cardiac stent), will there be any additional expenses?

CHOOSING A HOSPITAL

One of the first things you need to do when planning a hospital visit is to decide whether to be admitted as a private or a public patient.

You do not need to use your private health insurance cover in a public hospital as you are entitled to free medical care. If you choose to use your private cover in a public hospital, keep in mind that you could still be placed on a waiting list.

Be Informed and Know Your Rights.

You should not feel pressured into using your private health insurance cover. You can choose to be treated as either a public or a private patient in a public hospital; you have the right to decide.

It is important to be informed every step of the way, know exactly what you will be covered for, and be aware of any out-of-pocket costs you may encounter. If you can make decisions about your care and costs before going to hospital, it will be easier for you to focus on your treatment and recovery once you're admitted.

It is possible to access a private agreement hospital as a private patient. If this is something you want to consider, you should discuss it with your doctor.

THE DIFFERENCE BETWEEN BEING A PUBLIC PATIENT AND A PRIVATE PATIENT

Public Patients

All Australians can access inpatient (in-hospital) treatment as a public patient in a public hospital free of charge. These services are funded jointly by the Australian Government, and state and territory governments.

However, public hospital patients are not able to choose the hospital they are admitted to or the doctors who treat them. There can also be wait times for non-emergency services.

If there is an outpatient component of your public hospital treatment, you may need to make a payment towards the service.

Private Patients

When a patient has treatment as a private patient, Medicare will pay 75% of the Medicare Benefits Schedule (MBS) fee for the service provided. If they have private health insurance, their insurer must pay at least 25% of the MBS fee, unless they agree to pay more.

The table below outlines the key differences between your hospital admission options. Please call us to discuss your options so we can help you to make an informed decision.

PRIVATE OR PUBLIC PATIENT			
	Private Patient in a Private Hospital	Private Patient in a Public Hospital	Public Patient in a Public Hospital
Covered for hospital expenses (i.e. accommodation, theatre, and intensive care fees) *	✓	See info on page 7.	✓
Covered for specialist fees up to the MBS fee and the Mildura Health Fund Benefit **	✓	✓	N/A
Your choice of specialist	✓	✓	-
Your choice of hospital	✓	✓	-
Ability to access treatment at your convenience	✓	✓	-

*Subject to any excess on the policy and that you have the appropriate level of cover for your treatment.

** Check whether your medical specialist charges a non-claimable known gap.



Private patient, or
a public patient?
It's your decision
to make.

PRIVATE PATIENT IN A PUBLIC HOSPITAL

If you choose to be treated as a private patient in a public hospital, Mildura Health Fund will pay the Minimum Benefit Payable (MBP), this is the minimum benefit the 2007 Private Health Insurance Act requires health funds to pay for hospital treatment under a hospital cover. Depending on your level of cover, if you choose to stay in a private room, the Fund will pay an additional fixed benefit of \$80 above the shared room accommodation rate. If this benefit is less than the hospital charge, you should be informed of the out-of-pocket costs by the hospital.

The Fund also pays benefits for prostheses up to the approved benefits in the Federal Government approved prosthesis list.

This applies for any treatment recognised by Medicare, unless it is excluded, or is a minimum benefit service under your cover. It is important to note that in public hospitals, private rooms are generally allocated to patients based on medical need.

As a private patient in a public hospital, you will also be responsible for personal expenses such as television hire and telephone calls, together with any medical gaps and prosthesis charges above the minimum benefit as defined on the government approved prosthesis list.

AGREEMENT HOSPITALS

Mildura Health Fund has agreements with over 445 private hospital and day procedure facilities. In most cases, you will be fully covered (less any applicable excess) for your hospital costs such as accommodation, theatre, and intensive care fees.

To find the current list of agreement private hospitals and day procedure facilities visit:



www.mildurahealthfund.com.au/members/find-a-hospital

NON-AGREEMENT HOSPITALS

These are private hospital and day procedure facilities that have not entered into an agreement with the Mildura Health Fund. If you choose a non-agreement private hospital or day procedure facility, you may incur out-of-pocket costs for hospital related services.

You should contact the facility to understand what fees you can expect (informed financial consent) and Mildura Health Fund to determine what benefit may be payable to you.



GOING TO A PUBLIC HOSPITAL IN AN EMERGENCY

In an emergency you will generally attend the nearest public hospital accident and emergency department.

Patients are treated as outpatients in hospital emergency departments, where they are diagnosed and cared for without being formally admitted to hospital.

All Medicare cardholders will be treated at a public hospital accident and emergency department for no charge.

Mildura Health Fund does not cover any accident and emergency treatment costs.

If additional hospital care is needed after the initial assessment, the doctor will formally admit you as an inpatient. In this situation, all Medicare cardholders will be treated as a public patient in a public hospital at no charge to them or their health insurance fund.

If you choose to be a private patient, there is no difference in the level of care you will receive at a public hospital, however, you may be charged some out-of-pocket costs.

GOING TO A PRIVATE HOSPITAL IN AN EMERGENCY

Mildura Health Fund does not pay a benefit for emergency department fees for private hospitals.

NO COVER FOR AMBULANCE TRAVEL

Mildura Health Fund does not provide benefits towards the cost of ambulance travel and does not offer 'ambulance only' insurance.

NSW and ACT residents who hold hospital cover, are automatically covered for emergency air and road transport services within their home state and agreement states/territories.

Ambulance cover in Australia varies from state to state. For further detailed information, please contact our ambulance cover specialist on 03 5023 0269.

Members who pay an ambulance subscription and hold an extras cover, will receive a benefit towards the cost of their ambulance subscription fees.



COSTS OF GOING TO HOSPITAL AS A PRIVATE PATIENT

Private Health Insurance can help with the cost of hospital accommodation, theatre fees, labor ward fees, intensive care and the fees of the doctors who treat you in hospital. Your level of cover determines what treatment you will be covered for. In the first 12 months of holding your hospital cover, you are not covered for the treatment of a pre-existing condition.*

If you have changed your hospital cover in the previous 12 months, upgraded or recently transferred, the conditions of your previous cover may still apply. The Private Health Insurance Act 2007 precludes some hospital and medical costs from being covered by private health insurers.

There are also certain situations where you might have an out-of-pocket cost including for the following:

- Costs for treatment not covered by Medicare or by your level of cover.
- Doctor's fees charged in excess of the Fund Gap Medical benefit.
- Discharge pharmacy not covered under the hospital agreement.
- Items such as high-cost disposables and robotic consumables associated with certain procedures, and high cost drugs.
- Take-home items such as crutches. Some health aids and appliances may be claimable if you hold extras cover. For more information, please contact the Fund.
- Personal expenses such as phone calls, daily newspapers, and television hire.
- Hospital stays beyond 35 days that are not supported by an acute care certificate.
- If you are assessed during your hospital stay as no longer needing acute care or are in hospital longer than 35 days, you will be classed as a nursing home type patient. In this case, Mildura Health Fund will pay benefits that are lower than normal hospital benefits and you may be required to make a personal contribution towards the cost of your care.
- Robotic Procedures

Since 1929, we've been committed to giving our valued members peace of mind and help when they need it the most.

Your community is our community.

EXCESS PAYABLE

The excess is payable for all overnight admissions in public and private hospitals. The excess is also payable for same day patients in all public and private hospitals and private day facilities with the exception of the Mildura Health Private Hospital where members do not pay an excess on same day admissions. The excess is waived for all persons under 21.

**A pre-existing health condition is where the signs or symptoms of your ailment, condition or illness existed at any time in the 6 months preceding the day you joined hospital cover or the date you upgraded to a higher level of cover. For further information about waiting periods, please visit: www.privatehealth.gov.au/health_insurance/howitworks/waiting_periods.htm*

DOCTOR'S FEES

UNDERSTANDING THE MEDICAL GAP

Doctors are not required to charge fees that are equal to the MBS.

Doctors should have a billing policy for their practice, which includes;

- When payment is required;
- Discounts that are available for early payment
- Acceptable forms of payment; and
- Contact details of a nominated person to discuss payment issues and problems

Doctors should have a cancellation policy, which is clearly communicated to patients before, or at the time of booking an appointment.

For services provided in hospital, the benefit amount payable will depend on the arrangements between the Fund and your doctor, and the hospital you are being treated in. The law requires that private health insurers pay 25% of the MBS fee outside of a no or known-gap agreement.

A common misunderstanding about private health insurance and private hospital treatment is that if you have private insurance, you don't have to pay anything else. There will sometimes be out-of-pocket cost, even if your policy includes the medical treatment you need.

For services delivered in a hospital, the amount that the Fund will refund is based on our own medical benefits schedule and may not represent the amount the doctor may believe is appropriate to charge as a fee.

The Fund has No Gap agreements in place with most providers that treat you at the Mildura Health Private Hospital. Ask us for a copy of our No Gap provider list or download a copy from our website.

OUT-OF-POCKET COSTS

An out-of-pocket cost can arise when the amount covered by Medicare and the Fund does not cover the full fee that has been charged for a service.

MEDICAL FEES CAN CHANGE

Sometimes a treatment plan needs to change, either during the operation, or over the course of treatment. Unexpected changes in treatment may change the services delivered and therefore the amount the patient is required to pay. Any changes to the treatment plan should be discussed in advance, where possible.

It is important to remember you may have more than one doctor involved in treating you – such as a surgeon, an assistant surgeon, an anaesthetist, plus any doctors handling any pathology or diagnostic imaging (x-rays).

For a complete picture of your out-of-pocket costs, you should ensure that every doctor or health professional involved in your care provides you with an estimate of their fees.

EXCESSIVE FEES

Remember that a doctor charging high medical fees is not necessarily providing a higher quality of health care than that provided by other doctors.

MEDICARE BENEFIT SCHEDULE (MBS) ONLINE

The MBS Online contains a full listing of the Medicare services, that are subsidised by the Australian Government. You can search the MBS for all the latest fees and service descriptions at www.mbsonline.gov.au

WHAT ELSE IS COVERED?

Prostheses

A prosthesis is a surgically implanted medical device or artificial body part, such as a hip or knee joints or a cardiac pacemaker.

If you are having a procedure that involves implantation of a prosthesis, there is always one that your surgeon can use that is on the government approved listing, meaning that you will not have an additional amount to pay.

Other possible costs

Depending on the procedure you are having, your doctor may need to use high-cost items that are not normally covered.

When this occurs, long term Mildura Health Fund members may qualify for an ex-gratia benefit, towards the cost, to be paid to the hospital, on their behalf.

This can include items such as high-cost consumables and medications associated with certain procedures.

What is not covered?

Private hospital cover with Mildura Health Fund does not include the following:

- Treatment received whilst serving a waiting period.
- Treatment that relates to a pre-existing condition whilst serving a waiting period.
- Treatment provided at the emergency department of a public or a private hospital.
- Treatment for which Medicare does not pay a benefit. e.g. cosmetic surgery and procedures not included in the Medicare Benefits Schedule

**Make sure you
leave hospital with
all the information
you need for a full
recovery**

FOLLOWING YOUR HOSPITAL STAY

YOUR RECOVERY

Your doctor will determine that you are well enough to leave hospital and that you have all the necessary information to ensure a smooth and safe recovery at home.

When you are discharged, check that your doctor or the hospital has explained:

- What to expect during recovery – how long it should take and milestones
- What you should look out for if you think there is a problem
- Who should you contact if you need help
- When you can return to regular activities
- Instructions for your recovery including any recommended rehabilitation therapy
- When you should make your follow up appointments with your doctor
- Dietary requirements – if there are things you should avoid eating or drinking

Your doctor may recommend that you see other healthcare providers to assist in your recovery, such as a physiotherapist or exercise physiologist.

To check if these services are claimable under your level of extras cover, please contact Mildura Health Fund.



There is a
12 month waiting
period for all
pregnancy and birth
related services.

PREGNANCY & BIRTH

If you want to be covered for obstetrics, both pregnancy and birth related services with a private obstetrician it is important to take out private hospital cover well before you are thinking about becoming pregnant. Your choice of private care will depend on what options are available to you, what services are available at your local public and private hospital and at which hospital your private obstetrician can treat you.

Pregnancy and birth-related services are covered after a 12-month waiting period has been served.

Assisted reproductive services, or IVF, is a process to treat infertility and has several steps. Only the component that involves an admission to hospital is covered by your private health insurance. Services that occur outside of a hospital admission, including consultations and tests may be claimable through Medicare.

Before proceeding with IVF or similar, check with Mildura Health Fund to confirm all waiting periods have been served and that benefits are payable.

WHAT IS COVERED PRIOR TO YOUR HOSPITAL ADMISSION TO DELIVER YOUR BABY?

Most medical expenses that arise prior to hospital admission are claimable through Medicare. Medicare will reimburse 100% of the MBS fee for doctor's services, and 85% of the MBS fee for specialist services and all other medical treatments such as ultrasounds and blood tests. If your doctor or obstetrician bulk bills Medicare, you will have nothing to pay. The Medicare Safety Net may also help to minimise any out-of-pocket costs you may have for medical services prior to your delivery.

WHAT FEES AND CHARGES APPLY TO YOUR BABY?

If your baby is healthy, he or she will not be formally admitted to hospital. This means the hospital will not raise a charge for the care of your baby. If your baby needs to be admitted as an inpatient, the hospital will raise a charge to cover the cost of the care of your baby. This means that any excess that is payable on your hospital cover will also apply to your baby.

If your baby is not admitted but is seen by a paediatrician and has pathology or radiology tests these costs can be claimed through Medicare only.

If you are expecting twins or any multiple birth, at least one baby will be formally admitted to hospital even if they are both healthy. This means that any excess that is payable on your hospital cover will also apply to your baby.

If you are not insured, you will be responsible for the full hospital costs.

WHAT IS COVERED ONCE YOU ARE ADMITTED TO HOSPITAL TO DELIVER YOUR BABY?

Once you are admitted to hospital, the Mildura Health Fund will cover the cost of your admission less any applicable excess, provided you have served your 12-month waiting period.

You will receive 100% of the MBS, the Medicare benefit plus the Fund benefit for inpatient services.

If your doctor chooses to charge above the MBS fee, we will pay a further benefit towards this amount, known as the gap. This may result in a gap payment or out-of-pocket cost to you, depending on the doctor's charge. If your doctor has an agreement with us, they will bill us directly. Otherwise, you can submit your unpaid account to us for claiming.

Medicare benefits are payable for antenatal, intra-partum and postnatal services (up to 6 weeks post-delivery), provided by eligible privately practicing midwives working in collaboration with a specified medical practitioner. Fund benefits will only be payable for inpatient services provided by a midwife.

To provide services under Medicare, midwives must meet the eligibility requirements for the MBS items and be registered with Medicare Australia.

Please contact the Fund prior to any planned hospitalisation with the MBS item numbers, and fees the doctor will be charging, so that we can ensure that you will be covered and advise you of any out-of-pocket amounts you may need to pay.

ADDING YOUR NEWBORN BABY TO YOUR MEMBERSHIP

You do not have to wait until you receive a birth certificate or a new Medicare card before adding your newborn to your Mildura Health Fund membership.

If you have a singles membership, to cover your newborn, you will need to change from a single to a single parent family or a family policy depending upon your circumstances. The single parent or family premium will be payable from the date of your baby's birth. If you currently hold a single parent or family type membership, your newborn simply needs to be added within two months of his/her birth.

Provided your membership has served all waiting periods, your newborn will be covered immediately. Any unserved waiting periods will apply to your newborn.

OTHER CONSIDERATIONS

If your partner stays in hospital with you, there may be a boarder fee that will be at your cost and is not claimable.

CLAIMING YOUR COSTS

When you are discharged from hospital, the Mildura Health Fund will generally settle your invoice directly with the hospital on your behalf.

Ask your doctor to send their invoice directly to Mildura Health Fund. You should already know if there are any out-of-pocket costs. If your doctor sends the invoice to you, just forward it, unpaid to the Mildura Health Fund.

If you have paid the doctor's invoice in full, submit your claim to Medicare and they will issue a Medicare Statement. Forward this to us for processing of the Gap Medical benefit you are entitled to.

Remember, being prepared prior to going to hospital and understanding your health care options and costs means you will be able to focus on what matters most - your health.



Prioritising your
health and recovery

GOING TO HOSPITAL CHECKLIST

Before you schedule your hospital stay or procedure, it's important that you have answers to the following questions:

ASK MILDURA HEALTH FUND

- Is my treatment fully covered by my current level of health cover?
- Have I served all the necessary waiting periods?
- Are my premium payments up to date?
- Do I have an excess to pay? If so, how much?
- Am I covered in a private hospital? If so, does Mildura Health Fund have an agreement with my chosen hospital?
- Are there any documents I need to provide to the Mildura Health Fund?

ASK THE HOSPITAL

- What time will I need to arrive at the hospital?
- What pre-admission paperwork is required?
- Can I complete this before arriving at the hospital?
- How do I pay my excess? (if applicable)
- Will I be staying in a private room?
- Has the hospital obtained my Informed Financial Consent for any out-of-pocket costs?
- Will there be additional costs for items such as television and newspapers?
- Are there any other out of pocket costs associated with my hospitalisation that I should be aware of?
- What are the visiting hours for my ward?
- Will there be additional costs for any guests who stay and eat at the hospital with me who are not receiving treatment?
- What is the discharge process?

ASK YOUR TREATING DOCTOR

- What are the Medicare Benefit Schedule (MBS) item numbers for the procedure I am to have?
- Do you have a Gap Medical agreement with the Mildura Health Fund?
- How much are your fees for my procedure? Will I have an out-of-pocket gap to pay?
- If Mildura Health Fund refund more, will the gap amount be less?
- What if I can't afford to pay the gap amount?
- Are there any other doctors and service providers involved in my treatment i.e. anaesthetist, assistant surgeon, pathologist? If so, can you provide their details?
- If I need a surgically implanted device or prosthesis, will the cost be covered by my private health insurance, or will I have a gap to pay?
- Will I receive just one invoice for my hospital stay?
- Are there any specific instructions for my recovery?
- What is the expected recovery time after my procedure/s and how will I know if I'm on track?
- What symptoms should I look out for if I think there's a problem?
- Who should I contact if I need help?
- Is there any medication I will need to take?
- When can I return to normal activities?
- Will I need physiotherapy or other rehabilitation services?
- When should I make follow up appointments with the doctor and/or medical specialists?
- Is there anything I should avoid eating or drinking?



Mildura
HEALTH
Fund

It's easy to join, or transfer to Mildura Health Fund

Call, email or visit us at one of our three locations

03 5023 0269

mildurahealthfund.com.au

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