

My Admission, My Choice, My Election



When **admitted** to NSW public hospitals, holders of Medicare cards have a **choice** to be treated as either a public or private patient. This is called your financial **election**. An election choice can be made before, at the time of, or as soon as practical after you are admitted.

Your Election Choices:

Private Patient – Using your health Insurance

As a private patient you will have the following benefits:

Specialist Care

You may be treated by a Specialist of your choice or a nominated Specialist providing you with the benefit of having one dedicated professional managing your care. Your specialist will oversee your treatment and any follow-up care.

Private Hospital Transfer

You may also be eligible for transfer to a private hospital for further treatment or for follow-up care. Please discuss transfer options with your treating Specialist.

Access to a single room

You will have access to a single room in our hospital at no additional cost if one is available. Patients who are very ill will be given priority for a single room.

Health Fund Excesses

An excess or co-payment is an amount you pay towards the cost of your hospital treatment. Your excess amount will depend on your Health Fund policy type. In most cases NSW public hospitals will waive the excess or co-payment to ensure you are not out of pocket for your hospital stay.

Your health fund may contact you to advise you of your excess or co-payment but you will only be

required to pay if notified by a hospital staff member.

As a private patient you must be provided with Informed Financial Consent as a part of your election process.

Informed Financial Consent

Public hospitals are required to provide a clear explanation of the financial responsibilities of a private patient election. This includes notification of likely out of pocket expenses (gaps), by all relevant service providers, prior to admission to hospital or as soon as circumstances reasonably permit.

We advise that you confirm with your health fund that you will be covered for your admission. The hospital will perform a membership eligibility check to ensure you have appropriate cover for your admission.

Hospital Accounts

You will not have any out of pocket expenses for the following hospital generated accounts:

Accommodation and Medical/Surgical Implanted Devices (Prosthesis)

Includes the bed fees, meals, nursing and allied health care. Invoices will be submitted to your private health insurance on your behalf.

Diagnostics (Pathology and Radiology) and Staff Specialists (Doctors employed by the hospital).

All accounts will be submitted to Medicare and your private health insurance on your behalf. There will be no 'gap' (out of pocket expense).

External Accounts

Private Practice Specialists (Visiting Medical Officers, Honorary Medical Officers and Clinical Academics) are external service providers. Their accounts may be sent to you directly or submitted to Medicare and your private health insurer on your behalf depending on the doctor's billing arrangements.

Staff responsible for the admission process will inform you if your treating doctor(s) charge a gap (out of pocket fee). The government sets a Medicare Benefits Schedule (MBS) fee for most services your doctor provides. If your Private Practice Specialist (doctor) charges you above the MBS fee, this creates a 'gap' (out of pocket fee). You are required to seek advice from your specialist regarding the likely medical costs relating to your treatment. You are also responsible for the payment of any gap directly to your Private Practice Specialist.

If you receive any unexpected accounts please advise the hospital by using the contact details listed at the end of this document.

Self-Funded Private Patient

If you do not hold eligible private health insurance and would like a choice of doctor or access to a single room you can elect to be a self-funded private patient. Access to a single room in our hospital can only be provided if one is available. Patients who are very ill will be given priority.

As a self-funded private patient you will be responsible for paying the following:

- Accommodation (Shared or Single room rate)
- Diagnostics (Medical Imaging and Pathology)
- Prostheses
- Doctors' Fees

For further information please contact the hospital by using the contact details listed at the end of this document.

Public Patient

If you choose to be admitted as a public patient you do not have a choice of specialist - the hospital will provide a suitable doctor or doctors to manage your care.

You will not be charged for hospital accommodation, medical and diagnostic services, prostheses and other relevant services.

Once you are discharged from hospital, your follow-up care is usually provided in an outpatient clinic of the hospital.

Compensable (workplace injury/motor accident, public liability)

If your admission is related to the following:

- **Work-related accident/illness:** you are covered under the Workers Compensation System.
- **Motor accidents:** you are covered under the Motor Accidents (CTP) Scheme. You will need to complete and submit claims as required by the State Insurance Regulatory Authority (SIRA).
- **Public Liability:** If you have been injured due to the negligence of another party you may be entitled to compensation. Please advise hospital staff.

Our Hospital staff will guide you through the claiming process. You will be required to make an alternative election in the event that your claim is rejected.

If you are an overseas visitor you will be responsible for all costs in the event that your compensable claim is rejected.

Department of Veterans Affairs (DVA) Card Holders

Hospital staff will contact DVA to confirm your eligibility.

Gold Card - you can be treated as a private patient in a shared ward for all conditions.

White Card - you will be treated as a private patient in a shared ward for DVA eligible conditions.

Admission Not DVA eligible - you will need to make an election to be treated as public or private.

Australian Defence Force (ADF) Personnel

If you are a serving member of the ADF you will be treated as a private patient in a shared room.

Please ensure that you provide your Defence Force Service number (PM keys).

For planned admissions please provide a Defence Approval Number (DAN) to the hospital prior to admission. This can be obtained by calling **1800 IM SICK** (1800 46 7425).

Maintenance Care / Nursing Home Type Patients (Patients receiving non-acute care)

If you are a DVA, Public or Private patient and you no longer need hospital level care and your stay in any Australian hospital exceeds 35 days without a break of more than seven days, you will become a Maintenance/Nursing Home Type patient. You will be required to pay a daily fee.

The hospital will notify you in writing 7 days prior to the commencement of any charges. If you receive a Centrelink Pension or Allowance, you may be eligible for rent assistance. For further information please contact 136 240 or servicesaustralia.gov.au

Overseas Visitors

If you are an overseas visitor, any emergency medical care required will be provided.

You are liable to pay all costs associated with your stay in hospital including but not limited to:

- Accommodation
- Doctors' Fees
- Prostheses
- Pharmacy
- Diagnostics including radiology and pathology

Information you will be required to provide on presentation to the hospital:

- guarantee of payment from insurer or upfront payment
- your passport & visa details
- your country of origin address
- your visiting address in Australia
- email address

You may be able to claim some or all of your treatment costs from your travel or health insurer. Any excess on your policy must be paid.

Reciprocal healthcare agreements exist between Australia and a number of other countries. You should discuss your reciprocal eligibility with our hospital staff.

Your Election Choices:

All admitted patients or legally authorised representatives are required to make a financial election and sign an election declaration form.

Before you make your election decision, please ensure you, or your representative understand the choices available to you. Our staff can assist with any questions you have and arrange an interpreter if required.

What happens if a patient is unable to make an Election?

If you are clinically unable or lack capacity to make an informed election, this decision may be made by a legally authorised representative or otherwise deferred until you are able to complete the process.

A legally authorised representative can be someone who:

- is a legally appointed guardian
- is a parent, for patients under 18 years
- has power of attorney (*authorised under the Power of Attorney Act 1998*)

When the election choice is made, this will be applied from the commencement of your admission.

Changing Election due to unforeseen circumstances

Once an election is made, it can only be changed in the event of unforeseen circumstances, such as:

- you are admitted for a particular procedure and develop complications which need additional procedures
- your hospital stay is substantially longer than originally planned by the clinical staff treating you
- your social circumstances change while you are in hospital, for example, job loss

Where a valid election is changed, this will be effective from the day the change is made. To discuss a change in your election please use the contact details below.

Your Privacy

In accordance with the NSW Health Privacy Policy, the health service may disclose health information relevant to your claim, and information provided in the election form, to your insurer, insurer's representative and other associated parties.

Please ask our hospital's PLO/PPO, Admission or Emergency Department Clerk if you have any questions.

Telephone