

What is a medical gap?
A medical gap is the difference between the combined amount paid by Medicare and a private health fund for a medical service, and the doctor's fee.

Remember: If you are unclear about the total costs of your treatment...

Ask your doctor and your health fund.

For more information on doctors fees and private health insurance, telephone the **Private Health Insurance Ombudsman** Hotline: 1800 640 695, email them at info@phio.org.au, or check out their website at www.phio.org.au

“let's talk about fees...”

it's good form to inform and be informed

Before you go into hospital for any proposed treatment as a private patient, it's your right to ask your doctor about his or her fees, and to find out about the fees of other doctors who might be involved in your care.

You should also ask your health fund about what you are covered for, and whether you will have any out-of-pocket costs to pay.



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PO Box 6090 Kingston ACT 2604
Phone 02 6270 5400
Fax 02 6270 5499

www.ama.com.au



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8 questions to ask your doctor about costs before you go to hospital

1. What are your fees?

Your doctor will talk to you about his or her fees for any proposed treatment, and, if they can, about any out-of-pocket costs that you might have to pay when you go to hospital.

2. Are there fees for any other doctors?

Ask your doctor about fees for other doctors, such as the anaesthetist and assistant surgeon. If they can, your doctor will explain the fees of other doctors involved in your care or they will provide you with their contact details so that you can find out about their fees, and about any out-of-pocket costs that you might have to pay.

3. Will I have any out-of-pocket costs?

If you have to go into hospital for surgical or medical care, there may be an out-of-pocket cost or medical gap that is not covered by Medicare or your private health fund. A medical gap is the difference between the combined amount paid by Medicare and your private health fund for a medical service, and your doctor's fee.

4. Is your fee an estimate only?

Remember, your doctor can only estimate the cost of your in-hospital or day surgery elective procedure in advance.

5. Can I have an estimate of your fees in writing?

Yes. Either your doctor or the doctor's office staff will provide you with an estimate in writing of the likely cost of your proposed treatment, and, if they can, any out-of-pocket costs that you might have to pay.

6. If the cost changes, when will you let me know?

In an emergency or if something unplanned happens during your procedure, there may be additional costs to you that could not be estimated in advance. This information will be provided to you as soon as possible after treatment occurs.

7. What if I need a prosthesis?

Prostheses include pacemakers, defibrillators, cardiac stents, joint replacements, intraocular lenses and other devices that are surgically implanted during a stay in hospital. Before surgery, your doctor will tell you if one is required, why you need it and whether it will cost you anything. There are some prostheses available that won't cost you anything, but if you have an out-of-pocket cost to pay, your doctor will explain why this prosthesis is the best one for you.

8. Should I contact my health fund?

Yes. Check with your private health fund to find out what you are covered for and whether your treatment will result in any out-of-pocket costs.



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