



Going to hospital?

This pack will help you make the most of your stay and your health insurance.

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it's worth it

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This pack is designed for permanent residents of Australia and contains information relevant to those who are entitled to full benefits under Medicare. The advice and guidelines in this brochure are generalised without taking into account your personal health cover situation. You should always check with nib, Medicare, your medical provider or hospital before seeking treatment. The information contained in this brochure is correct as at **1 July 2018**. Rules and benefits may change from time to time. This document should be read in conjunction with nib's Policy Book and your product information.





Make the most of your hospital stay and health cover

Going to hospital can be a daunting experience, so we've created this pack to help you understand the process and get the most out of your health insurance.

Health insurance doesn't necessarily cover everything when it comes to a hospital admission. Like all health funds, nib will pay contracted benefits for services in hospital. We also pay a set amount for specialists' fees in hospital, which varies according to the procedure.

Out-of-pocket expenses occur where there is a difference between what nib and Medicare pay and what the hospital and your specialists charge. As the name suggests, an out-of-pocket expense is one that you'll have to pay.

Not everyone has an out-of-pocket expense when going to hospital, but it's common to pay something towards the cost. For example, in 2016 74% of nib customers who went to an nib Agreement Private Hospital (or public hospital as a private patient) for a procedure included on their health cover had less than \$100 in out-of-pocket expenses for in-hospital medical services (excluding any hospital excess). However other customers did pay more, so it's very important to discuss potential out-of-pocket expenses and obtain 'Informed Financial Consent' from your specialists, anaesthetist, and the hospital, before you're admitted.



Don't get caught out by unexpected out-of-pocket expenses

Following the advice in this pack will put you in the best position to understand what out-of-pocket expenses you may have to pay and options to avoid them.

Before you go to hospital

Understanding out-of-pocket expenses

Every medical service recognised by Medicare has an item number – called a Medicare Benefits Schedule (MBS) item. And every MBS item number has a ‘schedule fee’ that’s determined by Medicare and is similar to a recommended retail price.

General Practitioners (GPs), specialists, pathologists and radiologists can choose to charge more than the schedule fee if they wish. This difference is called a ‘gap’ and you normally pay it as an out-of-pocket expense.

But before we get into detail, it helps to distinguish what Medicare normally subsidises versus your health insurance and the different types of costs you can expect for your treatment.

Expenses often subsidised by Medicare

- ✓ GP visits
- ✓ Specialist visits
- ✓ Blood tests
- ✓ Medical scans (like X-rays and MRI scans)
- ✓ Public hospital treatment (as a public patient)
- ✓ Emergency room treatment (public hospital)
- ✓ Procedures performed in a doctor’s surgery
- ✓ Pharmaceuticals listed on the Pharmaceutical Benefits Scheme.

Expenses often subsidised by health insurance and not normally subsidised by Medicare

- ✓ Emergency ambulance transportation
- ✓ Dental, optical, physiotherapy and other ‘Extras’.

Expenses often subsidised by health insurance and Medicare combined

- ✓ In-patient private hospital treatment
- ✓ In-patient public hospital treatment as a privately insured patient
- ✓ Scans, tests, pharmaceuticals and consultations provided to an admitted private hospital patient.

Does every medical service have a cost?

The cost for bulk-billed GP visits and treatment as a public patient are normally fully covered by Medicare. And if you're eligible for Medicare you have a right to choose to be treated as a public patient in a public hospital and incur no cost – such as a hospital excess or specialist fees.

Being fully covered for your admission as a public patient under Medicare is of course a very good reason to consider public hospital treatment. But there are potential disadvantages too, such as:

- You won't be able to choose which hospital you attend, who treats you, or when you're treated
- Waiting lists vary. Depending on your circumstances you may be treated immediately or have to wait from days to over a year
- Your procedure may be postponed once, or multiple times, if more urgent cases come up.

Hate to wait?

If your procedure is not an emergency you may need to be prepared to wait for a public hospital bed. However, before you'll be covered by your private health insurance in a private hospital you'll need to have been insured for a set period of time.

Waiting periods apply for up to 12 months when you first join a health fund or increase your level of cover. No benefit is payable during a waiting period.

However, once this initial period is over you can claim for private hospital treatment in line with your level of health cover. Now that's great peace of mind.

Public hospital patients don't pay anything towards the cost of hospital treatment; but if you choose to be admitted as a private hospital patient it's likely you'll have to pay something towards the cost. Let's look further at the types of costs to expect and how they are typically subsidised.

Pre and post admission expenses

Before you go to hospital for a non-emergency admission you will require a GP appointment for a referral to a specialist. You may also need blood tests, scans or x-rays. These services might also be required after you are discharged from hospital. Health insurance doesn't cover these costs but you can claim the following through Medicare:

- 100% of the Medicare schedule fee for GP appointments
- 85% of the Medicare schedule fee for specialist appointments, tests and scans (you pay the remaining 15%)
- Your GP and specialist may charge more than the schedule fee. If this happens you'll need to pay the difference between what you are charged and what Medicare will pay
- If you have a lot of medical expenses you may be eligible to receive higher benefits under one or more of Medicare's safety nets. Contact Medicare to learn more.

Depending on your level of cover, an Extras policy may help cover other things required before or after your admission – like physiotherapy, pharmaceutical prescriptions, home nursing and other services which may be helpful to your treatment. Call nib on **13 14 63**, or visit **nib.com.au** and log into Online Services to see if your health cover includes Extras that may be helpful to you.

Private hospital expenses

Combined with Medicare, your health insurance will help cover the cost of your treatment as a private patient in a private hospital. However, it's important to remember that health insurance will only pay benefits if your policy covers the procedure.

Providing your procedure is covered and you attend an nib Agreement Private Hospital (or any public hospital as a private patient) nib covers you for services including:

- Hospital accommodation (i.e. your bed and a private room if one is available)
- Operating theatre fees
- Intensive care fees
- Labour ward fees
- Meals.

nib will also cover the following things in-line with our contract with the hospital. You may have an out-of-pocket expense in some cases for these services:

- Pharmaceuticals related to and provided during your admission. Any prescription medication dispensed on the discharge day may be claimable through your Extras cover but only if claimed at a pharmacy that is not on the hospital grounds
- Other allied health services relevant to your treatment and provided during your admission such as physiotherapy, hydrotherapy or occupational therapy
- Dressings, sutures, needles and other disposable items.

Being in 'Agreement' pays

An 'nib Agreement Private Hospital' is simply a private hospital with which nib has negotiated a Hospital Purchaser Provider Agreement. nib has agreements with more than 75% of the private hospitals in Australia.

Going to an nib Agreement Private Hospital is a smart way to help reduce your out-of-pocket expenses. You may also minimise your out-of-pocket expenses by attending a public hospital. Always opt for an nib Agreement Private Hospital, or public hospital, if you can.

It's easy to find out if your hospital is an nib Agreement Hospital, simply visit nib.com.au or call us on **13 14 63**. Don't forget, no matter which hospital you choose it's always a good idea to ask them about potential out-of-pocket expenses before your admission.

Specialists fees and tests provided to admitted hospital patients

Doctors' fees are another potentially expensive part of your admission. They include your specialist's fees for your treatment and consultations, scans or tests provided to you while admitted to hospital.

Medicare schedule fees apply to GPs, specialists, radiology, pathology and ultrasound services provided to admitted hospital patients. Medicare will pay 75% of the Medicare schedule fee for these services.

Providing you are covered for the procedure, and the item has been recognised by Medicare, your health insurance will pay the remaining 25% of the schedule fee.

Your specialist/s are required to outline their fees for you prior to your admission and obtain your consent to those fees. This is called 'Informed Financial Consent'.

In the case of GPs and specialists who charge more than the schedule fee, we may be able to help cover these costs too, providing they agree to participate in nib's MediGap Scheme.

Eliminate out-of-pocket expenses for items covered by nib's MediGap Scheme

nib's MediGap Scheme aims to eliminate the 'gap' for many types of GP and specialists fees in hospital. We've built up a network of doctors who may charge us directly, to avoid additional cost to you.

MediGap means that nib will agree to pay an extra amount in addition to the standard 25% of the schedule fee. But the service has to be eligible for MediGap benefits and your doctor has to agree to participate in MediGap and bill nib directly for your procedure. Keep in mind:

- Not all services are eligible for MediGap (for example radiology and pathology items aren't covered)
- Doctors can choose on a case by case basis if they're going to bill you as a MediGap patient
- If your doctor intends to charge above the schedule fee always ask if they'd be willing to treat you as a MediGap patient
- Ask other doctors participating in your treatment if they will also charge only the schedule fee or participate in MediGap
- nib MediGap covers your specialists' fees in relation to your hospital admission. Consultation or administration fees in the lead up to and after your hospitalisation aren't covered by MediGap.

Prostheses expenses

Depending on your type of procedure, you may require a surgically implanted prosthesis.

Most prostheses are medical devices that (often) stay in your body after surgery to help it maintain its normal functions – like an artificial hip or a pacemaker. The Commonwealth Government lists prostheses that can be subsidised by health insurance.

- Talk with your specialist about the prosthesis you may need and if they can use a device that will be fully subsidised by your health insurance.
- If there is a difference between what you are charged for the prosthesis and the amount which can be covered under your health insurance you will need to pay the difference as an out-of-pocket expense.
- Some devices aren't yet recognised by the Commonwealth Government so you'll have to pay the full amount if your specialist chooses one of these.
- If your procedure is excluded under your policy, your health insurance will not pay for the prosthesis.
- Be sure to discuss your options with your specialist and opt for a prosthesis that will be covered by your health insurance, providing your specialist agrees this could be suitable for your treatment.

Ambulance expenses

Your nib health cover pays for the cost of emergency ambulance transport by a state or territory ambulance service to the hospital and ambulance transport between hospitals when the transfer is required as a result of the existing hospital not specialising the treatment required. You are also covered for emergency call out fees (where you are treated at the scene by paramedics and it is determined that transport to hospital is not required). Keep in mind:

- Queensland and Tasmanian residents are already covered for ambulance by their state ambulance schemes
- Private ambulance services aren't covered by nib, only state and territory services.

What's not covered by health insurance

- Any service listed as an 'Excluded Service' for a product under your policy
- Any hospital excess
- Procedures within waiting periods
- In-hospital treatment, drugs or disposable items not recognised for payment of benefits by Medicare (for example, some items associated with robotic surgery or other new or experimental drugs/technologies)
- Cosmetic procedures to enhance appearance (including dental implants)
- Beauty services, phone calls, TV hire, car parking, luxury rooms and other hospital treatment that isn't directly related to your treatment and care
- Admission or booking fees charged by a specialist or the hospital
- Pharmaceuticals available under the PBS
- Oral contraceptives
- Services rendered in a nursing home
- Private room accommodation for a same day procedure
- Respite care
- Take-home items
- Experimental and/or treatment not covered by Medicare
- Autologous blood collection and storage
- Procedures performed in a doctor's surgery
- Private hospital emergency or outpatient fees
- Special nursing
- Nursing care at home for patients who have been discharged from hospital early
- Outpatient services performed by a doctor or specialist
- Claims that do not meet nib's general terms.

How to avoid out-of-pocket expenses in hospital

The best way is to make sure you have all the health cover you need. But if out-of-pocket expenses seem inevitable you still have options. Seeing a doctor or specialist who regularly participates in nib's MediGap Scheme is one way. Going to an nib Agreement Private Hospital is another.

You have every right to understand what out-of-pocket expenses you should expect and in fact it's a requirement that your specialists and hospital provide this information for you (this is called Informed Financial Consent), so don't be afraid to ask if you're unsure.

Read on for more ways to avoid out-of-pocket expenses during your hospital stay.



Before you see a specialist

STEP

1

Important questions for your GP

Hospital admissions often start with a visit to your GP. They'll assess your condition and if you need to see a specialist for further treatment they'll provide a referral. Your GP might also order tests ahead of your specialist appointment (such as x-rays, blood tests or ultrasounds).

But before you decide which specialist to accept a referral to, there are a few questions you may wish to ask your GP:

- What symptoms should I be aware of with my condition?
- Could you tell me more about my condition, tests and treatment?
- Why am I being referred to this particular specialist?
- Are there other specialists who can also treat my condition?
- What is this specialist's experience in this type of condition?
- Do you know if this specialist participates in nib's MediGap Scheme?
- Is it possible to have an open referral so I can see the specialist of my choice?

STEP

2

Check in with nib about your cover

Even if you don't know what treatment or surgery is required at this stage, it's a good idea to check what your cover includes and any waiting periods before you see the specialist. Give nib a call and we'll update you.

If you're new to health insurance or if you've recently increased your level of cover to include new services waiting periods may apply for up to 12 months. No benefits are payable during a waiting period and this may influence your decision to be treated as a private hospital patient.

It pays to call us first to:

- Understand if you are likely to be covered for your treatment or procedure
- Confirm your hospital excess
- Check your premiums are up to date
- Check your contact details are up to date and match your Medicare details.

These things are important to ensure there won't be issues if you need to be admitted to hospital later. Please have your Medicare and nib cards handy when you call nib to assist our consultants with your enquiries.

What happens if I'm still in the waiting period for my treatment or procedure?

If you're new to health insurance and have been with a health fund for less than 2 months in most instances you won't be able to claim for hospital services (except for accidental injury). Refer to nib's Policy Booklet for more information.

If you've been with nib more than 2 months but less than 12 months we'll most likely need to determine if your condition is pre-existing. We'll need you and your doctor's help to complete some paperwork so that nib can determine if your condition should be considered pre-existing or not.

If your condition is not pre-existing or related to pregnancy or birth-related services, then nib can pay your claim in line with the benefits provided by your level of cover. If it is pre-existing or pregnancy related, then you won't be covered until the 12 month waiting period is served.

If benefits are not payable by nib due to a waiting period it may be an option to postpone your treatment until your waiting period is served, providing your specialist agrees or you may elect to be treated as a public patient in a public hospital.

More information about 'waiting periods' is available in nib's Policy Booklet.

Let's talk about extra support you could receive from nib

nib's range of health and wellbeing programs help eligible customers better understand their health, whilst living with conditions like:

- Diabetes
- Heart disease
- High blood pressure or cholesterol
- Knee or hip joint pain
- Managing multiple prescription medications
- Anxiety or depression.

In some cases these programs may be able to help you avoid going to hospital by providing you with the skills, tools and extra support designed to help you manage your condition. Our programs have supported over 4,000 nib customers by improving their health outcomes at no additional cost to them.

If you have nib hospital cover and think you could benefit from a bit of extra help with your health, contact our friendly team of Health Advisors to see if you may be eligible or to learn more about our programs. Call **1800 339 219** or email **thecoach@nib.com.au**



Learn more about your specialist before your appointment

It's a good idea to ask about the experience of your recommended specialist ahead of your appointment. The other thing to think about is their fee.

We recommend you contact the specialist's rooms to ask about out-of-pocket expenses and whether they are willing to participate in nib's MediGap Scheme.

We also recommend you ask which hospitals the specialist admits their patients to. This is important if you wish to be admitted to an Agreement Private Hospital (or public hospital) to help reduce your out-of-pocket expenses.

Questions to ask:

- Does this specialist normally charge out-of-pocket expenses?
- Does this specialist often participate in nib's MediGap Scheme?
- What is the waiting time to get an appointment with this specialist?
- Which hospitals does this specialist operate at?

Ask to be informed

Talking to the specialist's rooms before your appointment is a great way to discover if your chosen specialist could charge an out-of-pocket expense. This way, you'll avoid surprises at your appointment, or simply decide to find another specialist to see.

STEP

4

Choose an nib Agreement Private Hospital

An easy way to reduce your out-of-pocket expenses is to attend an nib Agreement Private Hospital (or any public hospital) for your procedure.

nib has agreements with more than 75% of the private hospitals across Australia, so no matter where you live you should be able to find a hospital near you.

You can check that the hospital your specialist operates at is an nib Agreement Private Hospital by simply calling nib on **13 14 63** or visit **nib.com.au**

What happens if my hospital isn't a public hospital or an nib Agreement Private Hospital?

If your specialist doesn't operate at a public hospital or a hospital that has an agreement with nib you might want to think about seeing a specialist who does. Doing so may help you reduce out-of-pocket expenses.

It's easy to find an nib Agreement Private Hospital

Simply visit **nib.com.au**
or call **13 14 63**



Your specialist appointment and pre-admission

STEP

5

Important questions for your specialist

Ok, you've made an appointment with a specialist. They'll use this appointment to reassess your condition and recommend you be admitted to hospital if necessary. Don't be afraid to ask your specialist questions. You need to feel comfortable with the proposed treatment plan and know what costs to expect for your procedure. Your specialist may even book your hospital admission at your appointment or recommend surgery dates so you can choose an admission time that suits you.

Questions to ask your specialist:

- What's your experience in treating this type of condition?
- If surgery is recommended, are there any treatments as an alternative to surgery?
- If so, will there be any consequences for delaying the surgery?
- Can this procedure be done as day surgery?
- What risks are involved if I have the procedure?
- What must I do to prepare for my admission to hospital?
- What side-effects should I expect after my admission?
- What should I do if things don't seem right after I'm discharged?
- What medication do I need to take and for how long?
- Will any other health care professionals (e.g. anaesthetist, assistant surgeon) be involved in the lead up to the procedure, during the procedure and in after-care and what are their costs?
- What are some of the potential complications?
- Do I have the option of being discharged early with nib's Rehabilitation in the Home program? This program does not apply to all treatments. If you would like to learn more about this please call nib's Health Advisors on **1800 339 219**.

Last but not least, don't forget to ask your specialist for a written breakdown of their fees and how to contact the other specialists involved in your procedure so you can ask about their fees as well.

How your specialist can help reduce your out-of-pocket expenses:

- Ask your specialist if they're willing to participate in nib's MediGap Scheme to eliminate your out-of-pocket expenses relating to their fees
- Ask if they're willing to use treatments and/or a prosthesis that is covered by Medicare and your health insurance
- If necessary, let them know of any difficulties you may have paying the account. Ask them if they're willing to reconsider the fee quoted or if they have any arrangements in place so you can pay for the treatment over time
- Don't forget, you can potentially seek treatment from another specialist with lower fees or one who will participate in nib's MediGap Scheme and use treatments covered by Medicare and your health insurance.



Call nib on 13 14 63 to check your MBS items are covered

Make sure your specialist gives you the Medicare Benefits Schedule (MBS) item numbers for your hospital admission during your appointment. You'll need these to check your cover with nib.

Then give us a call on **13 14 63** and we'll let you know if all the item numbers involved in your procedure are going to be covered by your level of health cover.

What if the items aren't covered?

If the items are 'Excluded' on your level of cover, then no benefit is payable for that service.

Similarly if the items are 'Restricted', then you'll only be entitled to a reduced level of cover – equivalent to the minimum statutory benefit payable – which will result in out-of-pocket expenses.

Just be aware that the minimum statutory benefits are nowhere near enough to cover you for treatment in a private hospital and out-of-pockets may apply if you choose to have a private room in a public hospital.

Exclusions and Restrictions don't apply to all health covers, but if you do have them on your level of cover this means you have chosen a reduced level of cover in exchange for a lower premium.

If your health cover doesn't include the procedure you may be able to upgrade to a higher level of cover that does. Keep in mind waiting periods for the upgraded benefits will apply for up to 12 months before you can claim in a private hospital or be covered as a private patient in a public hospital.

More information is available in nib's Policy Booklet, available at **nib.com.au** or by calling us on **13 14 63**.

STEP**7****Other specialists involved in your procedure**

There's usually more than one specialist involved in a procedure. For example, many procedures require a surgeon, an anaesthetist and may also require an assistant surgeon.

You won't normally be required to meet all these specialists before your admission, although an anaesthetist appointment might be necessary under certain circumstances.

Your primary specialist may know what these other specialists will charge for their role in your procedure, especially if they've worked together regularly in the past. If your specialist isn't sure it's a good idea to contact the other specialists directly to discuss their fees.

Ask each of the specialists involved in your procedure to outline their fees for you in writing, which is an important part of being provided with Informed Financial Consent.

How your other specialists can help reduce your out-of-pocket expenses:

- Ask your other specialists if your procedure is eligible for nib's MediGap Scheme and if they'd be willing to participate in Medigap for your procedure to eliminate your out-of-pocket expenses relating to their fees
- Let them know of any difficulties you may have in paying the account. Ask them if they are willing to reconsider your fees or if they have any arrangements in place so you can pay the treatment off over time (not all specialists will offer this option though)
- You can go back to your primary specialist and ask if they will consider working with another specialist with lower fees or ones who will participate in nib's MediGap Scheme for your procedure.



STEP**8**

Pre-admission appointment with the hospital

Hospitals will typically make admission packs available via the specialist you've booked with. This pack outlines the hospital's facilities, and has a form for you to complete which requires you to answer some questions about medical history and emergency contacts. It's important to complete and return this promptly as the hospital needs these details to confirm your cover with us and process your admission.

Next, you might be asked to attend a pre-admission appointment to discuss the details of your admission. It's the hospital's responsibility to outline any out-of-pocket expenses you should expect. Prior to your admission, usually on the day of your admission, you will be asked to complete and sign a 'National Private Patient Claim Form' and other paperwork in relation to your admission.

Be sure before you sign

Signing the National Private Patient Claim Form is your acknowledgment that you have had any hospital out-of-pocket expenses explained to you and given to you in writing and that you agree to pay them. If you aren't clear about the hospital's costs, be sure to ask before you sign the form.

If you have an excess on your level of cover you'll be required to pay this to the hospital prior to your admission.

What happens if I'm going to have an out-of-pocket expense?

Your options will depend on what the expense is for:

- For prostheses, high-cost drugs and disposables you can ask your specialist if they can choose items that will be covered by your health insurance. In the case of these expenses the hospital is simply acting on the request of your specialist
- Your hospital excess, booking fees and out-of-pocket expenses for pathology and radiology won't be covered by your health insurance
- For any other fees it's a good idea to call nib on **13 14 63** and we'll let you know what your options are.

Preparing for your admission: your rights and responsibilities

STEP

9

Your admission

Let's pause here and double check you're ready for your admission:

- My premiums are up to date
- My details are correct with nib and match my Medicare details exactly
- I've called nib to check I'm covered for my treatment or procedure
- I've completed and returned the pre-admission hospital pack
- I'm going to an nib Agreement Private Hospital (or public hospital)
- My hospital excess is paid (if you have one)
- I've received written Informed Financial Consent and understand my out-of-pocket expenses
- I've checked with my specialist about my post-surgery care, follow up appointments and who to contact in the event that I'm not feeling well or recovering as expected.

Things to consider before you go to hospital

- Be sure to make arrangements for pets
- Organise a lift to and from the hospital allowing time for traffic noting that you cannot drive on the day of your procedure if you've had a general anaesthetic
- Don't forget to arrange time off work and a medical certificate if you need one
- Let your emergency contact know what's expected of them, when your procedure is scheduled, and to keep their phone with them.

Things to pack for hospital

- Your Medicare card and your nib customer card
- Anything relevant to your treatment – like referrals, blood tests, scans, x-rays and this hospital pack
- Clothes and toiletries (including slippers, underwear, and clothes to leave in)
- Prescription medications – be sure to have your scripts filled before you go to hospital for any regular medication you take
- Eye mask and earplugs (you never know when you may need them!)
- A small amount of money for the vending machines, café or parking bays (for your family).

Pre-surgery instructions

You'll need to follow the pre-surgery instructions given to you by your specialist. Follow them carefully or your surgery may have to be postponed. The pre-surgery instructions have been created for your own safety and to maximise the effectiveness of your treatment.

Your rights and responsibilities

If you've never been to hospital before it's difficult to know what's expected of you. Here's a handy explanation of your rights and responsibilities relating to your admission to hospital.

From your specialists you have a right to expect:

- A detailed explanation of your treatment, alternatives to surgery, risks, side-effects and potential complications
- Guidance on what to do and expect before and after surgery and instructions on what to do if you have complications after discharge
- An outline of their fees prior to your admission, including any out-of-pockets you're expected to pay
- Help in determining a treatment plan to minimise out-of-pocket costs (for example, you have a right to ask to be treated choosing items that are recognised by Medicare or if there are alternative prostheses which may cost you less)
- If your circumstances change during surgery (e.g. complications) and it's not possible for your specialist to discuss the potential costs of this with you, then you have a right to be informed as soon as possible after the procedure with information relating to costs and items numbers so you can check your health cover entitlements with your health fund
- The names and contact details of other specialists involved in your procedure so you can contact them about their fees
- Access to your medical records
- To be treated with respect and dignity.

From your hospital you have a right to expect:

- A timely 'eligibility check' and a full outline of any potential out-of-pocket expenses you should receive prior to your admission (don't forget the hospital can only do their check once you've returned your hospital pack, so get it back to them fast)
- If your circumstances change during surgery (e.g. complications) and it's not possible for your hospital to discuss the potential costs of this with you then it's your right to expect they inform you as soon as possible after the procedure
- Access to your medical records
- To be treated with respect and dignity.

From nib you have a right to expect:

- To be treated as a valued customer
- A timely and accurate eligibility check once the hospital is ready to make its enquiries
- A prompt response to any questions you have regarding your hospital cover
- Confidentiality and access to your claims history
- nib may request the medical details of your hospital admission from the hospital but only as required to validate the payment of your claim
- To be told what nib paid on your behalf for your hospital admission (call nib on **13 14 63**, but please be aware that hospitals can choose to take up to 2 years to send claims through to nib, so we may not have that information available the first time you call).

If you would like any further information about how nib collects, handles and discloses your personal information you can find the nib Privacy Policy on **nib.com.au** or call us on **13 14 63**.

Your responsibilities:

- To understand what is and isn't covered under your level of health cover (nib are always happy to discuss this with you, call us on **13 14 63**)
- To call nib when you find out you need to go to hospital to check your cover
- To keep your health insurance premiums up to date
- To understand and participate in decisions regarding your procedure and treatment plan
- To follow your pre and post surgery instructions
- To advise your specialist and the hospital of any allergies, current medications or medical history that may impact your treatment
- To return your hospital pack promptly so the hospital can check your cover with nib and process your admission
- To pay your hospital excess (if you have one) prior to your admission
- To ask for, and understand, any potential costs from your specialists and the hospital prior to your admission it's also their responsibility to advise you of these costs and explain them clearly
- You may be required to pay any expected out-of-pockets to your specialist before your procedure, but not all specialists will ask you to do this
- Once you've signed the 'National Private Patient Claim Form' (part of your admission paperwork) you'll be making a commitment to pay any out-of-pocket expenses that the hospital has outlined to you prior to your admission. So be sure that you understand your out-of-pocket expenses before you sign the form.



After your admission

STEP 10

Post-surgery instructions and how to claim

You've been to hospital and we hope everything went well. This section explains what to expect after your stay and how to claim.

What to expect after you have been discharged from hospital

Your specialist should have provided you with post-surgery instructions that explain what to expect during recovery and who to contact if things don't seem quite right. If you don't get these instructions, ask for them.

You may receive a phone call from nib

If you've been to hospital for a complex procedure, had complications or have been hospitalised numerous times recently then you should expect a call from nib shortly after you are discharged from hospital.

We'd just like to check in to see how you are recovering and make sure you have enough support around you. nib offers a Discharge Support Program to ensure eligible customers who are at high risk of being re-admitted to hospital can access additional support and services. Don't forget that you can call us too if the program interests you. Call our Health Advisors on **1800 339 219** or email thecoach@nib.com.au

How to claim

If you are covered for the procedure, and your specialists charge only the schedule fee (or participate in nib's MediGap Scheme) then you may not see any bills after your admission. If you haven't asked already, be sure to ask the specialist if they'll participate in nib's MediGap Scheme for your procedure. If you don't see a bill, it may just mean nib has paid the entire admission on your behalf. If you're unsure please contact your specialist.

If you do see a bill it could be from one of three sources:

1. Bills from the hospital

You may get a bill from the hospital if your procedure wasn't covered by your policy or you needed items not covered by nib's contract during your stay (for example, high cost drugs).

2. Bills from pathology or radiology labs associated with the hospital

During the course of your admission you may have required pathology or radiology services (whether or not you knew of them). These services can be outsourced from the hospital to labs for processing.

If you receive a bill relating to your admission you'll need to first go Medicare to claim their portion of the cost (75% of the schedule fee), then claim nib's portion (25% of the schedule fee). Any gap will need to be paid by you.

3. Bills from your specialists

Bills for consultations with your specialist in the lead-up to your hospital admission should be claimed through Medicare. You'll only see bills related to your hospitalisation if one or more of your specialists charge fees in excess of the Medicare benefit schedule fee, and choose not to participate in nib's MediGap Scheme.

All inpatient medical specialist fees must first be claimed through Medicare.

1. Please complete both a Medicare two-way claim form and a Medicare claim form and attach the specialist invoice indicating if the invoice has been paid or is unpaid. Then submit the claim to Medicare at their office or via mail.
2. Medicare will pay 75% of the Medicare benefit schedule fee and send through a remittance advice to nib.
3. nib will then pay 25% of the Medicare benefit schedule fee.
4. Any gap will then need to be paid by you to the specialist.

Medicare and nib will pay either the specialist or you depending on whether the invoice was paid by you initially.

As the processing time by Medicare can vary, please check the progress of your claim with Medicare. nib can't pay a benefit until the claim is processed by Medicare.

Unexpected out-of-pockets

If you've received an unexpected out-of-pocket bill it may be due to complications during your procedure.

Your doctors and the hospital have an obligation to inform you when circumstances change. That can mean unexpected out-of-pocket expenses but it's not always possible, particularly if your circumstances change during surgery.

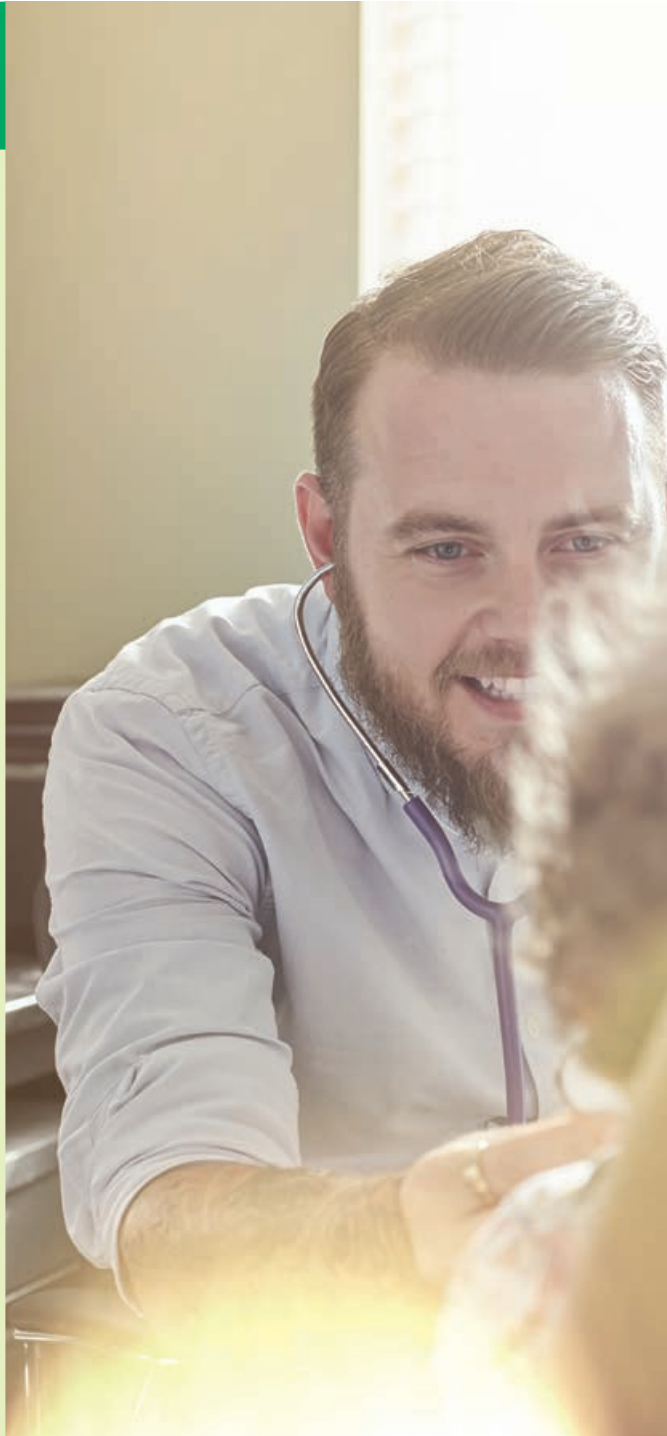
If this happens, it's reasonable to go back to your specialist and ask if they'll participate in nib's MediGap Scheme to eliminate your out-of-pocket expenses. If they won't, you can try asking them to reconsider their fees or if they have alternative payment arrangements.

Other ways to claim out-of-pocket expenses

Medicare's Safety Nets

Medicare offers a number of safety nets to help protect people from high out-of-pocket medical expenses. Once you reach a certain threshold for out-of-pocket expenses, you may be able to claim more back from Medicare. Contact Medicare to learn more.

nib can supply you with a statement of your medical expenses for the financial year. Simply give us a call on **13 14 63** or log into Online Services.







nib
it's worth it

Any questions? More info?

Customer Care Centre call us on 13 14 63

Mon to Fri: 8am – 8.30pm Sat: 8am – 1pm (AEST)

Visit an nib Retail Centre

Go to nib.com.au

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