

# Going to Hospital?

## What you need to know

### What happens on admission to hospital?

#### How long have you had your current cover?

In the first 12 months of hospital cover, you are not covered for treatment of a pre-existing ailment. If you changed your hospital cover in the last 12 months, the conditions of your previous cover may still apply. It is essential that you contact Latrobe immediately for information about your particular circumstances.

#### Private hospitals

Latrobe has contracts with participating private hospitals Australia wide, to ensure your hospital charges are fully covered. In a non-participating private hospital, you may have to pay quite substantial costs out of your own pocket not covered by your hospital insurance. Visit our website at [latrobehealth.com.au](http://latrobehealth.com.au) or phone to confirm that your preferred hospital is participating.

#### Public hospitals

Cover when treated as a Private Patient in a recognised public hospital in a single or shared room. NOTE Single Rooms in public hospitals are allocated on the basis of clinical need so availability is strictly limited.

In a public hospital government funding covers the cost of theatre fees and extra costs associated with critical care services.

In a public hospital prosthesis on the Commonwealth Prosthesis list are covered at the clinically equivalent no gap price.

#### Excess/co-payment

If you hold an excess or co-payment table with Latrobe, a phone call to our Telephone Service Centre will confirm whether you will be required to pay the excess/co-payment when you go to hospital, and if so how much it will be.

The hospital usually contacts Latrobe before an admission to confirm your cover. If your policy has an excess or co-payment, the hospital will ask you to pay it on admission, or before you are discharged. This will be your responsibility.

There will be forms to complete, so ensure you take your Latrobe membership card, and Medicare card with all your details.

Participating private as well as public hospitals send their accounts direct to Latrobe. If you are going into a non-participating hospital, please check with them to find out how they will charge you. Contact Latrobe if you have any further queries.

### Dental, cosmetic and podiatry surgery - What is not covered

#### Dentist, cosmetic and podiatrist fees and other costs

Fees charged by the dentist or podiatrists are not covered. You may be able to claim a rebate for these fees under your Extras cover, depending on the level of Extras cover you chose. For podiatry surgery, no associated services are covered, for example, anaesthesia. Limited benefits are provided for hospital charges associated with cosmetic and podiatric surgery. For details of the scope of your cover and what you may be able to claim, it is essential that you contact Latrobe before making arrangements for surgery.

#### Discharge from hospital

Going home can sometimes be daunting, especially if you are older, or live alone. The hospital staff will discuss with you what requirements you will have at home during your recovery period. They will contact Latrobe to discuss these circumstances when appropriate. If you have any concerns, you are encouraged to call us personally.

Please note no benefits are payable for discharge medications and equipment such as crutches, braces etc.

#### Is there anything else?

Going to hospital doesn't need to be confusing. If you have any questions at all before, during or after your admission, advice is just a phone call away. Once you have collected the information regarding your hospital stay, contact Latrobe to confirm details of your cover and the amounts you will be able to claim.

Phone our Telephone Service Centre on 1300 362 144 or email your details to [info@lhs.com.au](mailto:info@lhs.com.au).

#### Disclaimer

This document provides only a basic guide to benefits provided under your hospital table. For comprehensive detail please refer to your policy documents or contact us on 1300 362 144



[latrobehealth.com.au](http://latrobehealth.com.au)

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**Reduce or Eliminate the Gap  
on your hospital stay.**





Reduce or eliminate the Gap on your hospital stay.  
 Your doctor doesn't have to agree to charge discounted rates.  
 Every medical practitioner can participate.

Medical fees and charges are not government regulated so there can be a wide variation in the cost of any particular treatment or service. When practitioners charge above the Medicare Schedule Fee, your informed financial consent is the foundation of Just Ask!<sup>®</sup> This determines what out-of-pocket expenses you might have to pay.

**What is informed financial consent?**

This is the consent you give for the treatment to go ahead after you have been given an explanation of all related fees and charges. Informed financial consent should be raised at the first consultation.

- If you don't clearly understand what you have been told, keep asking questions until you are satisfied. Fill in the information on this Just Ask!<sup>®</sup> questionnaire or ask the specialist to write it down.
- Some specialists have pre-printed information sheets. These might only provide general information or simply state that the charges may not be fully covered by Medicare and your health fund. Always ask for information specific to your circumstances.
- Ask the specialist for the same information about assistants and other specialists, such as anaesthetist, who will also provide medical services. If this is not possible, ask for contact information so you can follow up for yourself.
- Remember that the information relates only to planned treatment. The nature of some procedures means that the exact type and extent of treatment can't be determined until it actually begins.

As your health fund, we encourage you to be financially informed about your hospital treatment. The Australian Medical Association actively encourages all of its members to discuss fees and charges with patients openly and without embarrassment. It's quite likely that your specialist will raise the matter without waiting for you to do so.

**What about the doctors bills?**

Specialist, surgeon, assistant surgeon, anaesthetist, assistant anaesthetist, pathology, radiology.

Latrobe offers two ways of claiming the medical and additional gap.

**What is simplified billing?**

Simplified billing is when your practitioner forwards all accounts relating to your treatment directly to Latrobe. We then process all payments and claim the Medicare payment applicable to your treatment on your behalf. All payments are returned to your practitioner. Simplified billing

should mean the end of bills appearing in your letterbox months after your treatment, unless out of pocket expenses (Gaps) are charged.

Just ask your specialist if they participate in our simplified billing scheme. If they send their account direct to you, depending on whether or not the account has been paid, the procedure is as follows:

**Unpaid accounts**

Take your accounts direct to Latrobe or alternatively mail them to us. If you are mailing your accounts, please ensure you complete the required Medicare, Two-Way and Latrobe claim forms. We forward your claim to Medicare on your behalf and Medicare sends you a cheque in the mail in approximately 2 to 3 weeks time and also sends your claim details to Latrobe for payment of fund benefits. Once we have processed your claim, you receive a cheque payment with a statement of benefits attached to send on to the doctor together with your payment for out of pocket Gap expenses (if applicable).

**Paid accounts**

If you have paid your account, please claim from Medicare first. You will be provided with a statement of benefits confirming your claim details. Take this statement to any Latrobe branch office or mail it directly to Latrobe. A Latrobe claim form must be completed. Be sure to answer the informed financial consent (IFC) question on the claim form, otherwise we are unable to assess whether you are entitled to Just Ask!<sup>®</sup> additional medical benefits. If IFC was not given, Latrobe can only pay up to the Medicare schedule fee.

We will mail a cheque and statement of Latrobe's benefits to you, or if you are registered for Smart'nEasy direct credit, your claim benefit is deposited direct into your nominated banking account and you receive a letter and a statement of Latrobe's benefits.

Please note that you do not have to pay medical accounts before claiming unless you wish to, although some specialists charge a reduced cost if you pay before claiming.

If you cannot get to a Latrobe or Medicare branch, send your accounts and claim forms to PO Box 41 Morwell Vic 3840, call our Telephone Service Centre on 1300 362 144 or visit latrobehealth.com.au to download a claim form.



What hospital do you recommend? Is it a Latrobe participating hospital?

Answer:

If it isn't participating, is there another participating hospital where I can have this treatment?

Answer:

What fees will you charge me for the expected treatment? Will there be a Gap? If so, how much? Can I have the item numbers for the planned procedures, so I can get a claim estimation from Latrobe?

Item No.	Charge	Scheduled fee	Medicare Rebate	LHS Gap	LHS Additional	OOP

Will you send your account direct to Latrobe so I can receive the maximum medical benefits claim?

Answer:

What other practitioners will be involved in my treatment? How can I find out about their fees and possible Gaps?

Answers: