

Going to hospital?

Hospital admission

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 (excluding psychiatric, rehabilitation and palliative care).

If you have changed your hospital cover in the last 12 months, the conditions of your previous cover may still apply. It is essential that you contact us 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-contracted private hospital, your out-of-pocket expenses could be quite substantial. Visit our website or call us to confirm that your preferred hospital is a Participating Private Hospital.

Public hospitals

You are automatically covered in every Australian public hospital.

Excess or co-payment

If you hold an excess or co-payment cover, a phone call to our Member Service Centre will confirm whether you will be required to pay the excess or 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 you.

Most hospitals send their accounts directly to Latrobe. However, if you are going into a non-participating hospital, please check with them to find out how they will charge you. Please contact our Member Service Centre for further queries.



Dental, cosmetic and podiatry surgery

- Hospital accommodation and theatre fees are payable for dental surgery at Participating Private Hospitals.
- Only restricted hospital benefits are payable for podiatric surgery when provided by a podiatrist.
- Only restricted hospital benefits are payable for cosmetic surgery.
- Fees charged by dentists or podiatrists are not covered under your hospital cover.
- If you hold an ancillary cover, a rebate may be payable for these services.

Please call us for further details regarding podiatric and cosmetic 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 need 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.

If you have any questions before, during or after your admission, advice is just a phone call away. Once you have collected the information regarding your hospital stay, contact our Member Service Centre to confirm details of your cover and the amounts you will be able to claim.

Disclaimer

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



Helping to reduce the gap on your hospital stay



Member Service Centre 1300 362 144

8.30am – 5.30pm weekdays
(closed Victorian public holidays)

Fax: 03 5128 9289

Email: info@lhs.com.au

Latrobe Health Services Limited
Reply Paid 41, Morwell VIC 3840

ABN 94 137 187 010

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Latrobe Health Services proudly supports and complies with the Private Health Insurance Code of Conduct.

Every doctor can participate in Latrobe's known gap scheme

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 doctors charge above the Medicare Benefit Schedule Fee, your Informed Financial Consent is the foundation of Just Ask®! This determines what out-of-pocket expenses you might have to pay.

What is Informed Financial Consent (IFC)?

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.

Important things to remember

- If you don't clearly understand what you have been told, keep asking questions until you are satisfied.
- 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 anaesthetists, 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 cannot 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.

Please note:

We understand that IFC for services such as pathology and radiology may not be obtainable therefore the maximum benefit will be paid for additional gap claims for these services.

Benefits are not claimable for medical services when you are not a hospital inpatient, including treatment at an emergency department at a private hospital.



Some questions to ask your specialist

- What hospital do you recommend and is it a Latrobe participating hospital? If not, is there another participating hospital where I can have this treatment?
- Will you send your account directly to Latrobe so I can receive the maximum medical benefits claim?
- What other practitioners will be involved in my treatment? How can I find out about their fees and possible gaps?
- 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?

Latrobe recommends 2 options to claim the medical and additional gap

- Simplified Billing
- Medicare Two-Way

Please note: Latrobe is unable to contact Medicare on your behalf in relation to your medical gap claims.

Option 1 Simplified Billing: when the doctor bills Latrobe directly

Provider submits accounts directly to Latrobe with evidence of IFC.

Latrobe submits accounts to Medicare and once returned pays Medicare and additional benefits directly to the Provider.

Member is only responsible for any out-of-pocket expenses.

Option 2 Medicare Two-Way: when the doctor bills the member directly

To reduce delays and maximise benefit payments we recommend the following 2 methods of claiming:

If you have a paid account

Visit your local Medicare branch to receive your Statement of Benefits, which can then be lodged with us with your completed *Latrobe Claim Form*. Alternatively, Medicare will electronically lodge the claim with Latrobe on your behalf.

Please note: If you have been charged above the Medicare Benefit Schedule (MBS) fee and the claim is to be electronically transmitted to Latrobe, to enable us to legally pay any additional benefits above this fee, we require you to have filled in the IFC question on the *Latrobe Claim Form*. If no IFC has been provided, Latrobe can only pay up to the MBS fee. In this instance, Latrobe will contact you for verbal IFC over the phone, or alternatively you may receive further correspondence.

If you have an unpaid account

1. You will need to complete a Medicare Claim Form, a Medicare Two-way Claim Form and a Latrobe Claim Form - **ensure you have answered the IFC question on this form**
2. Submit your accounts and *Claim Forms* by mail or in person to Latrobe
3. Latrobe will forward your claim to Medicare on your behalf
4. Medicare will send their payment directly to you payable to the Provider
5. Medicare then sends the claim details to Latrobe for completion
6. Latrobe will assess its portion of the claim and send payment directly to you payable to the Provider

Please note: if you have paid a separate out-of-pocket cost, please ensure that a copy of this is submitted to Latrobe to ensure maximum benefits are paid. Where there is no Medicare benefit then Latrobe is unable to pay a benefit.

If you're unable to get to a Latrobe or Medicare branch, please send your accounts and claim forms to Reply Paid 41, Morwell VIC 3840 or call our Member Service Centre on 1300 362 144.

MEDICAL ITEM NUMBERS

Item numbers					Total charge

OFFICE USE ONLY

Hospital cover	Join date	Waits served	Paid to date	Excess or co-payment due	Name of hospital	Participating hospital