

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.

Member Service Centre 1300 362 144

8.30am – 6.30pm 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

latrobehealth.com.au



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

A guide to Reducing the gap on your hospital stay



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, you'll be asked to give Informed Financial Consent - this will help you determine 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 two 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 it is very important to ensure that we have your banking details registered on your membership and we recommend the following two methods of claiming:

MyGov

1. You can submit your claim to Medicare directly through your MyGov account.
2. Your Statement of Benefit will be sent to you by Medicare.
3. You can email your Statement together with a Latrobe Claim Form to info@lhs.com.au, alternatively you can submit the Statement of Benefit through the mobile app (your bank details must already be registered with us).
4. If the account is unpaid, Medicare will pay the provider directly and Latrobe will pay our benefit directly to your nominated bank account. You will need to make payment to the provider and settle the account.
5. If you have already paid the account, we will pay or benefit directly to your nominated bank account.

Medicare Office

1. Medicare will ask you for your Latrobe details and once processed the claim will be submitted to Latrobe electronically.
2. If the account is unpaid, Medicare will pay the provider directly and Latrobe will pay our benefit directly to your nominated bank account. You will need to make payment to the provider and settle the account.
3. If you have already paid the account, we will pay or benefit directly to your nominated bank account.

Please note if you have paid a separate out of pocket invoice please ensure that a copy of this is submitted to Latrobe to ensure you receive all benefit entitlements.

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 |
|----------------|-----------|--------------|--------------|--------------------------|------------------|------------------------|
| | | | | | | |