

Casey Surgical Group: Fees, Payments and Options

Overview

This document outlines:

- An Explanation of Fees
- Private Patients
- Public versus Private
- Payment Policy
- Tax Refund Scheme
- No Private Health Insurance

An Explanation of Fees

The standard fees charged by our rooms are based on the Medical Benefits Schedule but are usually higher. This means that in most instances there will be a 'gap' between our surgical fee and what is covered by Medicare and your health insurance fund.

If there is any problem with this it is important that you ask about this gap. Our staff are fully informed with regard to charges and rebates and will be able to help you navigate through what can be a complex process. These fee explanations can cover:

- Consulting Fee
- Surgical Fee
- Treatment Estimates

If you require more information, please do not hesitate to call the practice during office hours.

Other Possible Disbursements

There may be other charges involved in your care depending on which course of action you choose. You need to also check with your health fund to see what is covered for additional areas of service. Potential areas of cover are:

- Hospital
- Surgical Assistants
- Anaesthetics
- Tests (Radiology, Pathology)
- Post operative Care

Estimates

We offer informed financial consent to all our patients prior to surgery. This is a pre-treatment estimate of your surgical costs. This estimate enables you to discuss with your health insurance company what you are covered for and if benefits are applicable.

Private Patients

Overview

If you choose to be treated as a private patient, you will be treated at hospitals that our doctor is affiliated to or is a visiting medical specialist. After discharge, your care will be carried out in either an outpatient clinic or in my private rooms, or will be referred to your local general practitioner.

Types of Private Patients

This practice caters for a range of Private patients, these include:

- Private Health Insured
- Department of Veterans Affairs (DVA)
- Work Cover
- Self Insured (Uninsured)

Private Health Insurance

Private Health Insurance allows you and your family to access the right health services at the right time. You have control of your health care and can choose the provider, facility and timing of your treatment. With the security and protection of private health insurance, you have access to an extensive range of private hospitals and can rest assured that your health is in good hands.

Depending on your level of cover, some health funds also require you to pay an excess fee. We are not responsible for these costs but our staff will do their utmost to guide you to better understanding.

Our practice accepts most private health insurance programs. Our staff can also help with your claim for benefits, but we remind you that your specific policy is an agreement between you and your insurance company.

Please keep in mind that you are responsible for your total obligation should your insurance benefits result in less coverage than anticipated.

Your policy may base its allowances on a fixed fee schedule, which may or may not coincide with the AMA fee schedule.

You should be aware that different insurance companies vary greatly in the types of coverage available. Also, some companies take care of claims promptly while others delay payment for several months.

Department of Veterans Affairs (DVA)

The Australian Government's Department of Veterans' Affairs (DVA) provides support to current and former serving members and their families through a range of benefits (including ongoing or one off payments). For further understanding on how you can apply these benefits to our service and the scope of cover please refer to: <http://www.dva.gov.au/benefits-and-payments>

Self Insured (Uninsured)

Patients may be able to choose private admission even if they do not have private health insurance. Self-funded patients will be liable to pay the following:

- The gap between the Medicare benefit and any specialist's charge
- The gap for diagnostic services (medical imaging and laboratory), however some of these services may be bulk billed to Medicare, that is no 'gap'
- Hospital accommodation fees (bed charge)
- Surgically implanted prostheses

Essentially this means you must meet all costs of the admission yourself except those covered by Medicare.

For further information about being a private patient, contact our rooms

Private versus Public Fees

You may choose to be a public or a private patient. This page provides patients with the different options for surgery in the private or public hospital system.

Public Hospital Patients:

Australian residents who decide to be a public patient are entitled to free treatment under Medicare. Your treatment will be carried out by an appropriate specialist, which will be arranged prior to your admission. After discharge, your care will either be continued in an outpatient clinic or you will be referred to your local general practitioner.

In the public hospital, the surgery is usually performed by a hospital employed doctor (this may be a surgeon-in-training) who is supervised by a senior surgeon responsible for your care.

There are no fees for surgery in the public hospital, however, there is a waiting list. Your position on the waiting list will be based on the severity of your condition. Your follow up visits after surgery will be arranged through the hospital.

Private Hospital Treatment:

In the private system your surgery will be performed by the surgeon your doctor has referred you to. This surgeon will manage your care both pre-operatively and post-operatively.

All follow up appointments will be in the surgeon's rooms.

Payment

Overview

Our reception staff will be happy to advise you of the consultation fee upon booking an appointment over the telephone. Fees for consultation along with other necessary forms will also be emailed to you for your convenience upon booking an appointment.

- Surgical fees are billed directly to the Health Insurance Providers.
- Some out-of pocket co-payments are required and can vary depending on the type and complexity of surgery or procedure. Patients will be advised, in writing, after the consultation, regarding the amount of gap payment.
- Fees for uninsured patients are advised by the accounts manager upon request.

Payment on the day of consultation is much appreciated.

How to Pay?

For your convenience we accept a number of payment methods in the rooms, by post and telephone.

- Cheque and Cash
- Credit Card: VISA, Mastercard,
- EFTPOS, BPay

No Private Health Insurance

If you are not in a Private Health Fund, or DVA or Work Cover and you need surgery, you have two alternatives:

1. Go on a Waiting List at the Public Hospital, or
2. Pay for the operation yourself ("Self Insure")

Waiting List

The care in the public hospital is free of charge to you. However, the Waiting List for operations in the Public system may be considerable, and patients are admitted to hospital on a "first come, first served" basis depending on the degree of urgency as defined by the hospital.

Self Insured

An increasing number of people are choosing to "Self Insure" or pay for their own surgery, so they don't have to wait. This is often a worthwhile investment as it means you can have your operation done straight away or whenever it suits you. This can allow you to get back to your work as soon as possible.

All the private hospital fees associated with your surgery are an out-of-pocket expense, but we will assist you in obtaining an estimate of costs from the private hospital before you go ahead with your surgical procedure.

The office staff will be happy to provide you with an accurate costing. A proportion of the operative fees and the anaesthetic fees attract a small rebate from Medicare.

If you require more information, please do not hesitate to call the rooms during office hours.