

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 (excluding psychiatric, rehabilitation and palliative care). 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 or phone 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 table with Latrobe, 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.

Participating private, as well as public hospitals, send their accounts directly 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 podiatric 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 extent 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 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.

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 Member Service Centre on 1300 362 144 or email your details to info@lhs.com.au.

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 – 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

latrobehealth.com.au



Fifteen like minded health funds have come together to highlight a genuine choice when it comes to health insurance.

Members Own Health Funds, like Latrobe Health Services, exist to benefit members, not to profit investors or overseas owners.

More than two and a half million people across Australia are already with a Members Own Health Fund.

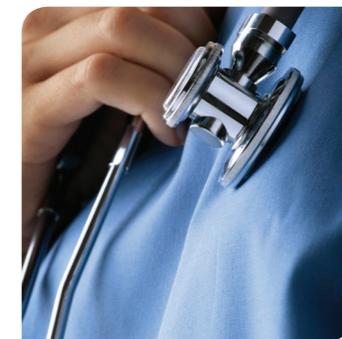
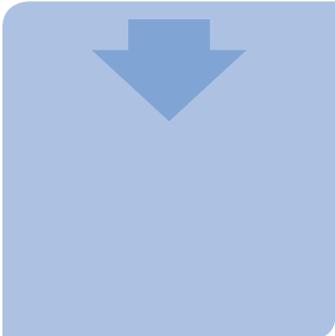


Latrobe Health Services proudly supports and complies with the Private Health Insurance Code of Conduct.

June 2017



Reduce the gap on your hospital stay



Reduce 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, 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.

- 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.

Latrobe recommends two options to claim the medical and additional gap

- Option 1: Simplified Billing
- Option 2: Medicare Two-Way

Ask your specialist

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

If it isn't participating, 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?



OPTION 1: SIMPLIFIED BILLING - Where the doctor bills Latrobe directly

Provider submits accounts directly to Latrobe with evidence of IFC.

Latrobe submits 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 - Where the doctor bills you directly

To reduce delays and maximise additional medical benefit payments when the doctor sends the bill directly to you, we recommend that you **SEND ALL MEDICAL CLAIMS TO LATROBE FIRST**

1. Complete a Medicare claim form and a Latrobe claim form
2. Answer IFC question
3. Declare whether the account has been paid or not
4. Submit your accounts and both claim forms by mail or in person to Latrobe
5. Latrobe will forward your claim to Medicare for you
6. Medicare will send their payment directly to you

7. If you have paid the account, the payment will be made to you
8. If you have not paid the account, the payment will be made to the doctor
9. Latrobe receives the claim details from Medicare and completes payment of gap benefit and any additional benefit where applicable

10. Latrobe will send the payment to you with a statement of benefit
11. If you have not paid the account, you will then send this payment and the Medicare payment on to your doctor together with any out of pocket expenses not covered by Medicare or Latrobe
12. If you had paid the account, the benefit is then payable to you

Note: If you choose to submit your accounts to Medicare in the first instance, you will most likely experience delays in payment.

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'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