

MEDICARE INELIGIBLE – Maternity patient information

WHO IS A MEDICARE INELIGIBLE PATIENT?

A Medicare Ineligible Patient is someone who does not hold a valid Medicare Card, is not an Asylum Seeker or is not a visitor from a country that has a Reciprocal Health Care Agreement with Australia.

As a Medicare Ineligible Patient, it is your responsibility to ensure that you have health insurance or adequate funding to cover the cost of both you and your baby's health care.

Reciprocal Rights

The Australian Government has Reciprocal Health Care Agreements (RHCA) with the governments of the United Kingdom, New Zealand, Republic of Ireland, Sweden, The Netherlands, Finland, Belgium, Norway, Slovenia, Malta* and Italy*

*Medically necessary subsidised health care for a period of up to six months from the date of arrival to Australia.

Asylum Seeker or Refugee

Asylum Seeker or Refugees are provided with free medical care (including diagnostic services) in Victoria Hospitals. An Asylum Seeker is someone who has applied for refugee status and is awaiting a decision on their application.

Will I have to pay for my health care whilst at Western Health Services?

Outpatient appointments & Urgent care attendances.

All outpatient appointments must be paid in full at reception areas prior to your visit. Western Health Services will provide you with a receipt that you may take to your health fund to request a claim reimbursement.

The amount you will get back from your health fund will depend on your health insurance policy.

Inpatient Admissions.

Providing that a 100% guarantee of payment can be obtained from your nominated Australian Health Fund provider, we will invoice your bed fee and treatment costs to your nominated health fund.

You will be liable and must pay any shortfall in payment between the amount charged and the amount paid by your health fund.

If you do not hold a valid Australian Health Insurance policy or whereby a payment guarantee cannot be obtained, you will be required to pay the full cost of your admission and treatment fees.

Patients who hold Overseas Travel Insurance are required to pay the full cost of their hospital accommodation and treatment fees at the time of admission. Western Health Services will provide you with a receipt that you may take to your Travel Insurance provider to request a claim reimbursement.

Need an interpreter?



Please speak to a staff member, or call us via TIS on 131 450



What information may I be asked to provide?

You may be asked to provide the following:

- Passport & Visa
- Up-front payment for service
- Contact details during your stay in Australia
- · Overseas residential contact details
- Relevant health insurance policy details
- Evidence of Immigration Status (e.g. Immicard), Citizenship, Interim Medicare Card and/or a letter from a recognised Asylum Support Agency (e.g. Red Cross)

*Asylum Seekers/Refugees who cannot provide evidence of eligibility at the time of admission/appointment are required to pay for all associated medical costs. Monies paid will later be reimbursed to the patient upon receipt of sufficient documentation.

Uninsured for pregnancy care

If you are uninsured for pregnancy care, Western Health Services offer a maternity package that includes all pregnancy related medical, emergency, outpatient, inpatient, theatre and domiciliary services for \$16,500*

- * This package does not include the cost for anaesthetics, radiology, pathology, pharmaceutical or aids & appliances products/services or charges for your baby's admission to Special Care Nursery.
- * To discuss how you may be eligible for a 5% discount call 03 5367 9672

Unpaid Accounts

Unpaid accounts or breach of payment arrangements will result in the escalation of your account to a debt collection agency, who by authority may report the debt to the Department of Immigration or relevant government authorities.

PAYMENT AGREEMENT



What are the costs of my care?



Western Health strongly suggest having Ambulance Cover to protect yourself against the cost of transport and treatment by paramedics. https://www.ambulance.vic.gov.au

Upfront Costs	
Payments to be made at the time of attendance or purchase at red	ception
Midwife Consultation	\$100 per visit
Child Birth Education Classes (1 day class or 4 x 2 hr classes)	\$100 total cost
Domiciliary Visit	\$150 per visit
Emergency Attendance	\$600 per visit
Outpatient Consultation - Medical	\$425 per visit
Diabetes Educator Consultation	\$212 per visit
Lactation Consultation	\$100 per visit
Allied Health Consultation	\$212 per visit
Interpreter Fees	\$152 per visit
Pharmaceuticals	Full Cost
Invoices will be billed separately and are payable to the external service pr	oviders
Anaesthetics	Full Cost
Radiology	Full Cost
Pathology	Full Cost
Ambulance transfer	Full Cost
ADMISSIONS / DAY STAY	
Where a valid Australian Health Insurance Payment Guarantee is we will send the invoice to the health fund on your behalf	provided,
Obstetric Overnight Stay (Mother)	\$1700 per night
Special Care Nursery/General Ward Admission (Baby)	\$3000 per night
Day Admission	\$1500 per day
Doctor & Theatre Fees	Full Cost

Maternity Package (uninsured)	\$16,500*	
Payment to be made in full prior to the estimated date of 36 weeks of pregnancy		
10 Consultations (7 Midwife consultations and 3 Obstetrician consultations)		
Caesarean section (3 night's stay) or vaginal birth (2 night's stay)		
Doctors fee for attendance at and after birth on ward		
CTG monitoring		

^{*} Does not cover extra services not listed in the Maternity Package or exceed consultations / night's stay as indicated in the table. Fees will be billed separately.

How can I pay for my account?

Payments can be made by Credit Card, Direct Deposit or Cheque at reception areas. Please call our Finance office on 03 5367 9672 for more details.

PAYMENT AGREEMENT



Document explained to Patient:	
Interpreter used: Yes No Comments:	
I, agree to pay \$	
towards the payment of all hospital accounts for	
Minimum deposit amount 20% \$	
I will pay per fortnight/month	
Commencing on/ with full payment required by/ /	
I will continue to do so until such time that all accounts have been paid in full by no later than the 36 appointment.	week
Failure to adhere to these payment terms may result in legal action and in turn incur additional costs	
I confirm, I have been provided with a copy of the Western Health Services Medicare Ineligible - Mate patient information guide and have been informed of, and understand the fees and charges applicabl this admission.	-
Signature Date/	
Name (please print) Relationship to patient	
Direct Deposit Details:	
Western Health Operating Account	
BSB: 083-170	
Account Number: 123660703 NB: Please quote when making direct do	eposit
Credit Card Details:	
Card Type: (circle card type) Visa MasterCard	
Cardholders Name:	
Card Number:	
Expiry Date: / /	
Signature of card holder:	
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Office Use Only	
Western Health Service – Bacchus Marsh Authorised Officer (GM/CFO): Name Title	
Signature Date / _ /	