

Compensable admitted patient

Even if you complete an election form, if you are later found to be eligible for compensation, you will be reclassified as “compensable” and charged accordingly. An eligible person is:

- Receiving public hospital services for an injury, illness or diseases.
- Receiving or has received, or has a right to receive payment as compensation or damages under a State law (other than Veterans Affairs Legislation) for an injury, illness or disease for which he or she is receiving treatment.
- Such patients are not eligible for Medicare to cover public hospital services related to the injury, illness or disease.

Types of Compensation include:

- Public Liability
- Third Party (motor vehicle insurance)
- Workers Compensation

Deferred election

Should a patient be unable to make a valid election at the time of admission because of:

- Dementia
- Impaired consciousness
- Inability to speak English



- Not being accompanied by a responsible relative
- Unconsciousness
- Shock
- Severe pain
- The availability of staff to classify the patient
- Or other reasons that may inhibit informed decisions

The process of classification may be deferred until the patient or their legally authorised representative can complete the election process.

Patients unable to make an election at the time of admission will be classified as public and treated by a doctor chosen by the hospital until a valid election is made.

When a valid election is made, such an election will be backdated to the time of admission to the hospital.

Change of financial classification

If you have chosen to be a **PRIVATE** patient you may be unable to change your financial classification to **PUBLIC** unless “unforeseen circumstances” arise. Examples include: complications requiring additional procedures, length of stay is extended beyond that reasonably planned etc. If a change is made, it will be effective from the date of the change onwards (that is: not backdated).

A new election form must be completed by or on behalf of the patient.

Should you require further information or advice please contact the Patient Liaison Office.

Office hours:

Monday to Friday | 7.00am to 8.00pm
Saturday to Sunday | 8.00am to 4.30pm

Telephone: 9382 3952 | 9382 3958 | 9382 3945



The Prince of Wales Hospital
& Community Health Service

Your choices as an admitted patient at Prince of Wales Hospital

Information to help you decide



Health
South Eastern Sydney
Local Health District



Here is some information that may help:

To be a **private** patient means:

- *You may choose to be treated by the specialist doctor of your choice, including the doctor on call, provided that doctor has private practice rights with the hospital and is available.
- There are no out-of-pocket expenses for inpatient services where the specialist charges the Medicare Benefits Schedule fee.
- Your doctor can call in another specialist of his/her choice if necessary.
- You may choose a single room, if there is one available.
- It is recommended that you check your level of cover prior to your admission, to determine the extent to which your health fund will cover all your costs. Please ask our staff if you require assistance.

With the help of Medicare and your health fund, you will be responsible for paying for the services you use;

- ▶ **Medical Services** – services provided by your specialist and any other specialists called in by your doctor.

Medical services will be paid by Medicare at 75% of the Schedule Fee, with your health fund paying the difference up to the Schedule Fee. You may be responsible for *payment of the **“gap”* if your doctor charges above the Schedule Fee.

- ▶ **Tests** - any tests performed during your stay in hospital.

All tests are charged at the Schedule Fee. Medicare and your health fund will cover ALL costs for tests.

▶ **Hospital Accommodation**

Accommodation is charged at the current daily rate. This is covered by your health insurance if you have hospital cover. If you have elected an excess, this will be waived.

▶ **Prostheses**

Gazetted surgical prostheses and dental fees may be covered depending on your level of cover and if you have “extras/general treatment” cover as well as hospital cover.

For further information please refer to our “Private Patient Brochure.”

To be a **public** patient means:

- You will be treated by a doctor or doctors nominated by the hospital and you will not be charged personally for medical or hospital services.
- You must supply your Medicare card.
- You will **NOT** be able to change doctors during your admission.
- No guarantee is given that a procedure will be performed by a particular doctor.

You cannot choose to be a public patient if you wish:

- To be treated by a doctor of your choice and/or
- To occupy a bed in a single room. If you are placed in a single room for medical reasons, you are still eligible to be a public patient.

**If admitted via Emergency you may be able to participate in our “ED no gap billing arrangement”. Please discuss this with our Patient Liaison Officers.*

***The GAP is the difference between what Medicare and your health fund will pay and what your Doctor charges.*

Please read this information carefully before you complete a “Patient Election for Admission to a Public Hospital” form.

Australian residents and certain overseas visitors have the choice to be treated as either a public or private patient in NSW public hospitals. A elective form must be completed indicating this choice. By completing an election form you are making an election (choice) to be admitted as a public (non-chargeable) or private (chargeable) patient.

Some patients are exempt from this. They are either covered by Veterans Affairs, Third Party Insurance, Workers Compensation, or are ineligible for Medicare.

You are still entitled to choose to be a private or public patient regardless of whether you hold private health insurance. If you do not make a decision you will be treated as a public patient until you are able to make a choice.

