Information for patients

Under the requirements of the National Health Reform Agreement, all eligible patients, being admitted to a public hospital, have the right to choose whether to be admitted as a public or private patient, regardless of insurance status. A patient with private health insurance can elect to be treated as a public patient and is not compelled to be a private patient. Patients without private health insurance can elect to be treated as private patients; however, they will be responsible for the full cost of all treatment and accommodation.

The choice is simple.

As a PUBLIC patient:

1. You will be provided with comprehensive care by medical staff who are employed and selected by the hospital and who may be specialists in training. You will not be able to choose your doctor.
2. You will not be charged for any hospital or medical services provided to you during your stay in hospital, including pathology, radiology, etc.
3. Any required after care will usually be provided by a hospital outpatient clinic (if available) or you may be referred back to your own GP for follow up care.

As a PRIVATE patient:

1. You will have your choice of available doctor, and you will receive treatment in a private capacity. You will receive benefits during your admission. There may be instances where your preferred doctor is unavailable. If this occurs, another suitably qualified doctor will provide your treatment.
2. As a tertiary teaching hospital, junior doctors are part our team and you will be seen by them as well. Junior doctors are always under the supervision of, and seek advice from, a Consultant. We will not charge your private health insurer for medical services provided by a junior doctor.

1. Medical Fees - WA public hospitals offer you a 'no out of pocket expense' guarantee.

- If you choose to be treated as a private patient, there will be no out-of-pocket expenses for your accommodation, pathology, radiology or pharmaceuticals relating to your inpatient stay.
- There should be no out-of-pocket expenses associated with your admission and treatment, unless your Consultant or hospital staff have advised you differently prior to your admission.
- This may occur in a small minority of specialist cases. If your doctor charges above the Commonwealth Medicare Schedule Fee, you may be responsible for the additional amount known as the 'medical gap'. This depends on the medical gap cover provided by your health fund. You should discuss this with your doctor. He or she will be happy to provide you with information about his or her medical fees.
- If your admission as a private patient is arranged beforehand, the fees should have been discussed, as it is a matter between you and your doctor. As set out above, the majority of patients incur no out-of-pocket expenses.

2. Admissions: Change of Election

- Once you are admitted, it is not possible to change your election from private to public unless the change is due to unforeseen changes in medical or social circumstances.

3. Emergency Admission

- If you are an Emergency Admission, or your admission was not arranged beforehand, the hospital staff will be able to advise you of the names of available specialists.

4. Single Room and Accommodation

- As a private patient, you may request a single room if your health insurance covers this, and we will record your preference. Single room accommodation is not guaranteed, as access to single room accommodation is based on clinical need. If a room is available, we will do our best to provide this to you.

5. Direct Payment of Benefits.

- To have your health fund benefit paid direct to the hospital; you will be required to provide health insurance details including fund name, membership number and insurance table at the time of admission.
- A copy of your Patient Election Form will automatically be released to your health fund, if they request it. If we don't provide this, your health fund may refuse to provide benefits.

Our Ref: Informed Financial Consent

Enquiries: Revenue Department Revenue Liaison Officer 6456 0033

Dear Private Patient,

NO OUT OF POCKET EXPENSES FOR INPATIENT ADMISSIONS AT PERTH CHILDREN'S HOSPITAL

You have the right to use your private health insurance for your admission to Perth Children's Hospital. This greatly helps our hospital to provide high quality medical services to all our patients, while ensuring the sustainability of our public healthcare system.

When you choose to use your private health insurance there will be no out of pocket expenses for your hospital stay and procedures, even if you have an excess or co-payment on your health insurance policy*.

If you choose to use your private health insurance under the genuine belief that your health insurance policy covers your admission, circumstances may arise which result in your private health funds rejecting the claim. If this happens, our Health Service has chosen not to pursue patients for the recovery of rejected claims.

Please complete the consent below and return to the revenue department. A reply paid envelope has been provided; you may also pass the form to any ward clerk. Alternatively please email us at PCH.PatientBilling@health.wa.gov.au

Yours sincerely
PCH Revenue Department

Patient/ Guardian to complete

I, (Print name) _____, parent/guardian of

(Childs' name)_____.

I am aware that hospital accommodation, prosthetics, radiology, ICU, theatre fees and PBS pharmaceuticals will be provided at no out of pocket expense.

I understand that my nominated doctor/ consultant will provide medical care at no-out-of-pocket expense unless he or she advises differently.

Signature **Date**

_____ _____|_____|_____

*Your specialist doctor/ Consultant will provide medical care at no-out-of-pocket expense unless he or she advises you differently. You should discuss the cost directly with your specialist.