



Going into hospital?



Frequently asked questions about hospital cover.

Private hospital cover is designed to give you and your family peace of mind when you're facing the uncertainty of being admitted to hospital.

Each type of cover is different, so it's only natural that you may have questions about the benefits you're entitled to and how you can claim them.

We've put together this list of answers to some of our members' most commonly asked questions about TUH hospital cover. If you have any other questions you need answered, contact us on 1300 360 701 or enquiries@tuh.com.au.

What am I covered for?

Depending on the level of cover you've selected, you're fully covered for:

- accommodation charges
- theatre charges
- intensive care
- cardiac care
- industry approved prostheses
- hospital medications

for most admissions to any of our [contracted hospitals](#) or a public hospital as a private patient.

Our hospital contracts vary from time to time and you may not be fully covered for stays in non-contracted hospitals, so please check the list before each admission.

Please also check your product guide to see if any restrictions or exclusions on selected services apply to your hospital cover.

Inpatient medical services provided by your specialist, anaesthetist, pathologist, radiologist, or other medical practitioner are covered as below when you are admitted to hospital, except where exclusions apply.

Medicare pays 75% of the [Medicare Benefits Schedule](#) (MBS) fee for eligible inpatient services, and we pay the remaining 25%. If you are charged more than the MBS schedule fee, you will be out of pocket for this additional amount unless billed under [Access Gap Cover](#).

While you're in hospital, you may receive treatments or services provided by other health professionals, such as physiotherapy sessions. Some of our hospital contracts cover these treatments, so call us for more information.

If the services aren't covered in the hospital contract but you have an appropriate level of extras cover, you may still be able to claim a benefit.

Are there hospital services I'm NOT fully covered for?

Your private hospital cover is intended to help you pay for medically necessary treatments as an inpatient only.

You are not covered for visits to public or private hospital emergency departments. Even if you have a Medicare card, you will be required to pay triage fees when you visit a private hospital emergency department.

You're not covered for consultations with doctors or specialists before your admission or after you are discharged, even if your appointments are at the hospital. Medicare will pay a percentage of the [Medicare Benefits Schedule](#) (MBS) fee for these appointments, but due to legislation we are not able to pay any benefits.

You are not covered for any non-medically necessary procedures. For example, you are not covered for cosmetic surgery. However, you are covered for plastic surgery, reconstructive surgery, or any elective surgery that your doctor and Medicare deem to be medically necessary. Check your product guide for any applicable restrictions or exclusions.

You are not covered for booking or administration fees, that surgeons charge patients on top of their quoted medical costs. Health funds can't cover these fees as they are not for a medical procedure. If you see a fee like that on a statement, ask your doctor to explain the clinical or medical relevance of the charge. If you don't get a satisfactory answer, you should not pay that fee.

Some incidental services may not be covered by your hospital policy, such as medications not directly related to the reason for your hospitalisation.

Do I need to advise TUH that I'm going into hospital?

It's not essential, but we recommend you tell us about any upcoming hospital admissions. We can advise you of the entitlements under your cover, plus check whether we have a contract with your chosen hospital and whether your doctor participates in our Access Gap scheme.

What if I'm still serving waiting periods?

You're covered immediately if you need to be hospitalised due to an accident that occurs after you have joined TUH, unless the costs are claimable from a third party.

In some circumstances waiting periods may be [waived for psychiatric admissions](#).

For all other hospital admissions, you'll need to serve the full relevant waiting period before we can pay any benefits.

If you are still serving waiting periods after upgrading your existing TUH hospital cover, you can continue to claim benefits at your previous rate of hospital cover. The same applies if you are transferring from another fund, and we will honour any waiting periods already served for the same services under your previous cover.

For services relating to pre-existing conditions, a standard waiting period applies:

- two months for palliative care, psychiatric services, and rehabilitation
- twelve months for all other hospital treatments or services.

Am I covered for day surgery?

Yes. You are considered an inpatient when you are admitted to hospital for day surgery, which now covers many procedures that once required an overnight or extended stay.

So long as Medicare is paying benefits towards the associated doctors' bills and you've served your waiting periods, you're fully covered for theatre or accommodation relating to day stays in [contracted hospitals](#) or as a private patient in a public hospital. If you've chosen a cover with an excess, the same excess will apply for day surgery as for an overnight hospitalisation.

Am I covered for medical services provided in the doctor's rooms or clinic?

No. You're not considered an inpatient when you visit your doctor's surgery for a simple procedure, so TUH is unable to pay benefits. Medicare will pay a percentage of the [Medicare Benefits Schedule](#) (MBS) fee for these appointments.

What is Access Gap Cover?

Access Gap Cover eliminates or reduces the out-of-pocket expenses you incur if your doctor charges above the [Medicare Benefits Schedule](#) (MBS) fee for eligible inpatient services, and it's included with your hospital cover. Doctors who choose to participate in the scheme will write to advise you of your treatment costs and how much you will be out of pocket, if at all.

What will I have to pay?

Informed Financial Consent is your right to know what you'll need to pay upfront before you receive any hospital treatment as a private patient, and to receive this information in writing. It's important to ask your treating doctor, the hospital and TUH about any out-of-pocket expenses you may have to pay.

Ask your treating doctor or specialist:

- How much is your fee?
- Do you participate in the Access Gap scheme under the Australian Health Service Alliance (AHSAA)?
- If I have to pay a gap, how much will that be?
- What are my options if I can't afford to pay this gap?
- Which other doctors and medical staff will be involved in my treatment, e.g. radiologist, anaesthetist, assistant?
- How can I get information about assisting doctors' fees and Access Gap participation?
- Will I receive just one bill?

- If I am receiving a surgically implanted device or prosthesis, is it a Government approved device (covered by TUH) or will I have to pay a gap?
- What are the MBS item numbers for this procedure? (see "Ask TUH" section)

Ask your hospital:

- Does this hospital have any agreement with TUH?
- Will I have to pay a gap for my hospital accommodation?
- What other out-of-pocket expenses apply during my time in hospital?

Ask TUH:

- My doctor gave me these MBS item numbers for my procedure or service. Does my policy cover me for this?
- Under my policy, will I have to pay an excess or any other charges? If so, how much?
- Will I have to pay extra for my hospital accommodation, my doctor's fees, and any assisting doctors' fees, or is it all covered by my policy?
- If I have to pay extra, who do I pay, and when?

How do I pay my bills?

You may receive separate bills from the hospital, each of your doctors, and each of the other medical practitioners, or some of these services may be grouped on a single invoice.

Hospitals will usually bill TUH directly, and we'll advise you when we've paid the invoice on your behalf. If your cover has an excess, you will need to pay it directly to the hospital, usually before or on admission.

Doctors who participate in Access Gap Cover will usually send accounts directly to TUH, and we'll pay them directly. If they send you the bill instead, forward this on to us for payment.

Other medical practitioners will usually send you the account for payment, which you should submit with your claim to Medicare along with any payment receipts. There are two ways you can do this:

- Submit your claim to Medicare. When you receive your Medicare Statement of Benefits, send it to us with your TUH claim form and original accounts.
- Submit your claim to Medicare along with a Medicare Two-way claim form, and they'll forward your claim to us.

Can TUH help with after-hospital care?

TUH offers home care programs with tailored treatment options to help you recover sooner from your illness or operation, in the comfort of your own home. Your TUH hospital cover entitles you to participate in a home care program following any treatment or procedure that's covered by your policy. Contact us to find out more about home care programs.

We hope that we've answered all your questions with this [FAQ](#), our [Important Information Guide](#), and our [Product Guide for your level of cover](#). But if you're still not sure, [contact us](#) and we'll be happy to help.