



Pathology during your hospital stay

Pathology is a vital medical specialty that underpins the vast majority of treatment decisions by doctors, with more than 70% of all medical diagnoses dependant on pathology test results.

During your hospital stay, you may have pathology tests performed to provide your treating doctor with a diagnosis or to help monitor your medical progress.

Melbourne Pathology is your doctor's and/or this hospital's preferred pathology provider and most of your tests will be sent to our laboratory.

These tests may include samples taken by Melbourne Pathology collectors, but could also include tissue and other samples that may be collected during your operation without you even being aware.

Once you have had these tests, it is a pathologist – a medical specialist with years of training like other specialist doctors – who analyses your results, assisting your doctor in the diagnosis and treatment of your condition.

WILL I RECEIVE AN ACCOUNT?

Melbourne Pathology maintains a 'no gap' agreement with 32 private health funds (see next page). Members of these funds will incur no out-of-pocket fees for tests that are eligible for the Medicare rebate. If your private health insurance fund does not have a 'no gap' agreement with Melbourne Pathology, you may incur additional fees while you are an inpatient at this hospital.

The fees for pathology tests are separate from the fees charged by the hospital and other doctors who may treat you during your hospital stay.

Medicare sets a schedule of fees for individual procedures and tests, known as the Medicare Benefits Schedule. Medicare does not fully fund pathology for hospital inpatients, and only rebates 75% of the Medicare Benefits Schedule fee.

The AMA also prescribes a set of fees for pathology tests. Melbourne Pathology fees are set at this AMA rate and are capped at a maximum of \$390* above the Medicare Benefits Schedule fee per admission.

1. PATIENTS WITH PRIVATE HEALTH INSURANCE FUNDS THAT HAVE A 'NO GAP' AGREEMENT WITH MELBOURNE PATHOLOGY

You will not incur any out-of-pocket expenses for tests that are eligible for the Medicare rebate if you have eligible cover with one of the following participating private health funds. Your account will be directly billed to your private health insurance fund for full payment.

Australian Health Management
(Government employees health fund)

Australian Unity (AUF)

ACA Health Benefits Fund

CBHS Friendly Society

Central West Health Cover

CUA Health Fund

Defence Health

The Doctors' Health Fund

GMF Health

Grand United Corporate Health Ltd

HBA

Health Care Insurance

Health Partners

HCF

Manchester Unity

MBF

Medibank Private

Mutual Community

Navy Health Ltd

NRMA

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Peoplecare Health Insurance

Phoenix Health

Police Health

Queensland Country Health

rt health fund

Reserve Bank Health Society Limited

SGIC Health

SGIO Health

Teachers Federation Health

Teachers Union Health

Transport Health

Please note, these agreements change from time to time, and a full list of these funds can be found on our website at www.mps.com.au.

Details correct as at 8 April 2010, and may be subject to change without notice.

Possible Additional Charges

1.1 Tests sent to an alternative pathology provider

Please note, your doctor may elect to send some of your pathology to an alternative provider who will have their own billing policy.

1.2 Tests that are not covered under the Medicare Benefits Schedule

Any tests that are not covered under the Medicare Benefits Schedule will incur an additional fee that may not be covered by your private health insurance. These tests must be paid for in full, and are not eligible for a Medicare rebate. For more information about Medicare rebates, visit the Medicare Australia website www.medicareaustralia.gov.au. Further information can also be provided by your private health insurer.

2. PATIENTS WITH PRIVATE HEALTH INSURANCE FUNDS THAT DO NOT HAVE A 'NO GAP' AGREEMENT WITH MELBOURNE PATHOLOGY

If you have eligible cover with a private health fund that does not have a 'no gap' agreement with Melbourne Pathology, you will receive an account for your pathology tests. You will be eligible for your Medicare rebate, and you can then present the paid account to your private health fund for a further rebate. You will still have an out-of-pocket fee that will be capped to a maximum of \$390* per admission.

Possible Additional Charges

2.1 Tests sent to an alternative pathology provider

Please note, your doctor may elect to send some of your pathology to an alternative provider who will have their own billing policy. Any pathology performed by an alternative pathology provider is not covered under the Melbourne Pathology \$390* cap.

2.2 Tests that are not covered under the Medicare Benefits Schedule

Refer to 1.2

3. ACCOUNTS FOR PATIENTS WITHOUT PRIVATE HEALTH INSURANCE

If you are a self-funded patient (ie a patient without eligible private health insurance) you will receive an account for your pathology tests. You will be able to claim 75% of the Medicare Benefits Schedule fee from Medicare and will be out-of-pocket for the balance, which will consist of 25% of the Medicare Benefits Schedule fee in addition to the remainder of the account, which will be capped at a maximum of \$390* out-of-pocket costs.

Possible Additional Charges

3.1 Tests sent to an alternative pathology provider

Please note, your doctor may elect to send some of your pathology to an alternative provider who will have their own billing policy. Any pathology performed by an alternative pathology provider is not covered under the Melbourne Pathology \$390* cap.

3.2 Tests that are not covered under the Medicare Benefits Schedule

Refer to 1.2

PAYING YOUR MELBOURNE PATHOLOGY ACCOUNT

You can pay your account via BPay, Australia Post billpay, credit card or cheque. The payment options will be listed on the back of your account.

CLAIMING YOUR REBATES

Once you have paid your account, you will be sent a receipt which can then be submitted to Medicare and your private health insurer to claim any rebates.

For any further enquiries please contact our Accounts Dept on 9287 7888.

** Pensioners are billed at scheduled fee and will not receive any out of pocket costs if they have eligible private health insurance. Repatriation patients are billed directly to Veteran Affairs.*

Details correct as at August 2010. May be subject to change without notice. For the full billing policy please visit www.mps.com.au