



MELBOURNE
PATHOLOGY

"We take it personally"

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 still 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 \$80* 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 \$80* 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 will be capped at \$40 per admission.
Repatriation patients will be billed directly to Veterans Affairs.*

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

Pathology during your day procedure

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 day procedure, 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 day procedure centre'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 23 private health funds (see next page). Members of these funds will incur no out-of-pocket fees for tests that are eligible for a 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 a patient at this day procedure centre.

The fees for pathology tests are separate from the fees charged by the day procedure centre and other doctors who may treat you during your 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 day patients, 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 \$80* above the Medicare Benefits Schedule fee per day procedure 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 billed directly to your private health insurance fund for full payment.

Australian Health Management

(Government employees health fund)
Ph 134 246

Australian Unity (AUF)

Ph 13 29 39

ACA Health Benefits Fund

Ph 1300 368 390

CBHS Friendly Society

Ph 1300 654 123

Central West Health Cover

Ph 133 206

CUA Health Fund

Ph 13 32 82

Defence Health

Ph 1800 335 425

The Doctors Health Fund

Ph 1800 226 126

GMF Health

Ph 1300 653 099

Grand United Corporate Health Ltd

Ph 13 29 39

Health Care Insurance

Ph 1800 804 950

Health Partners

Ph 1800 182 322

HCF (including Manchester Unity)

Ph 13 13 34

Navy Health Ltd

Ph 1300 306 289

onemedifund

Ph 1800 148 626

Peoplecare Health Insurance

Ph 1800 808 690

Phoenix Health

Ph 1800 028 817

Police Health

Ph 1800 603 603

rt health fund

Ph 1300 886 123

Reserve Bank Health Society Limited

Ph 1800 027 299

Teachers Federation Health

Ph 1300 728 188

Teachers Union Health

Ph 1300 360 701

Transport Health

Ph 03 8420 1888

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 still 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 \$80* 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 \$80* cap.

2.2 Tests that are not covered under the Medicare Benefits Schedule

Refer to 1.2

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 1 January 2010, and may be subject to change without notice.