



Melbourne Pathology's gap protection policy for hospital in-patients

Should you belong to one of the small number of health funds that have chosen not to enter into direct billing arrangements with Melbourne Pathology, or you are a self-funded patient, you will receive an account for your pathology tests.

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 that were performed during your hospital stay. This account is separate to any fees paid to the hospital and will need to be paid in full to Melbourne Pathology.

If the tests performed are covered under the Medicare Benefits Schedule, you can present your receipt to Medicare to claim the rebate (which will amount to 75% of the Medicare Benefits Schedule fee), and to your private health fund for any further rebates. The difference between our fees and the sum of these rebates is your out-of-pocket expense. Melbourne Pathology limits its fees, so that your out-of-pocket expenses are kept to a minimum. Your maximum out-of-pocket payment for Medicare-eligible tests performed during your hospital stay, regardless of the number or complexity, is \$500* per admission.

If any of your tests are **not** covered under the Medicare Benefits Schedule, you will need to pay for your account in full and you will not receive a Medicare rebate. These fees may not be covered by your private health insurance. Tests that are not covered under the Medicare Benefits Schedule are not covered under Melbourne Pathology's \$500* gap protection policy.

Patients with no private health insurance

If you are a self-funded patient (ie. a patient without private health insurance), you will receive an account for your pathology tests that were performed during your hospital stay. This account is separate to any fees paid to the hospital and will need to be paid in full to Melbourne Pathology.

If the tests performed are covered under the Medicare Benefits Schedule, you will still be able to claim 75% of the Medicare Benefits Schedule fee from Medicare. You 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 \$500* per admission.

If any of your tests are **not** covered under the Medicare Benefits Schedule, you will need to pay for your account in full and you will not receive a Medicare rebate. Tests that are not covered under the Medicare Benefits Schedule are not covered under Melbourne Pathology's \$500* gap protection policy.

Medicare Benefits Schedule

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 in-patients, and only rebates 75% of the Medicare Benefits Schedule fee. For more information visit www.medicareaustralia.gov.au.