

## Victorian Public Hospitals Election Procedures Information for Patients

The Medicare Agreement between the Commonwealth and State governments requires that You (or your agent) **ELECT** to be treated as a **PUBLIC** (non chargeable) or **PRIVATE** (chargeable) patient upon admission to this hospital.

### ■ A PUBLIC PATIENT

- will be treated by doctors nominated by the hospital;
- cannot choose a specific doctor to provide his/her medical treatment; and
- will not be charged for medical or hospital services.

You **CANNOT** choose to be a **PUBLIC PATIENT** if you elect

- to be treated by a doctor of your own choice; and
- to occupy a bed in a single room

### ■ A PRIVATE PATIENT

- will be treated by his/her nominated doctor(s) provided that the doctor(s) has the right to practise at the hospital; and
- will be **RESPONSIBLE FOR THE PAYMENT** of the hospital accommodation fees, charges for all medical services and prosthesis and dental fees.

### ■ PRIVATE HEALTH INSURANCE

- **DOES NOT** stop you from electing to be a public patient;
- **WILL COVER** full cost of shared ward accommodation but may not fully cover costs (depending on level of cover) if single room accommodation is chosen and you are not in a "front end deductible scheme".
- Medicare will cover 75% of the Commonwealth Medical Benefits Schedule fee for the medical services provided to private patients while in hospital and private health insurance will cover the remaining 25% of the fee;
- where a doctor charges a fee which exceeds the Commonwealth Medical Benefits Schedule fee, the patient will be responsible for paying the difference between the fee charged by the doctor and Schedule fee.

### ■ COMPENSABLE PATIENTS

If you are, or may be, entitled to, (or have already received) compensation, damages or other benefits in respect of the injury, illness or disease for which you are receiving hospital care and medical treatment, all fees and charges may be met by your compensation. This includes, for example, compensation under the Accident Compensation Act 1985, Transport Accident Act 1986, Criminal Injuries Compensation Act 1983, Compensation (Commonwealth Government Employees) Act or a claim for damages at common law.

### ■ VETERANS' AFFAIRS PATIENTS

Veterans' Affairs patients are those for whom the Department of Veterans' Affairs has agreed to accept responsibility for hospital charges for the condition for which you are being admitted.

## Form of Election for Admission to Public Hospital

I (name) .....

of (address) .....

elect for myself/or on behalf of (patient name) .....

to be treated as a private (chargeable) Patient, Public (non-chargeable) Patient or Compensable/Veterans Affairs Patient as indicated below.

### Private (chargeable) Patient

Choosing option 1, 2 below or both will make me a private patient and I will be responsible for all charges listed below. I understand that my health insurance policy may not fully cover the costs incurred by treatment as a private patient.

- (a) hospital accommodation fees,
- (b) charges for medical services, including diagnostic services performed and/or ordered by the doctor of my choice or by other medical practitioners to whom I may be referred,
- (c) prostheses, and
- (d) dental services.

Option 1. I elect to be treated by Dr.

Option 2. I elect to be treated in a single room  Yes/No

Signed:

Relationship to patient (if applicable):

Date:

OR

### Public (non-chargeable) Patient

Choosing this option will mean that I am not charged for the medical, hospital, prosthetic or dental services provided to me and that I will be treated by a doctor(s), nominated by the hospital.

Signed:

Relationship to patient (if applicable):

Date:

### Compensable/Veterans' Affairs Patients

I (name)  declare that in the event of the rejection of a claim for hospitalisation

as a: Workers Compensation;

Department of Veterans' Affairs;

Common Law Damages;

Criminal Injuries Compensation;

Transport Accident Commission;

Other (please specify)

patient I elect to be classified as a private patient

public patient

I have read the Information for Patients and I understand the consequences of this election.

Signed:

Relationship to patient (if applicable):

Date:

### DECLARATION BY HOSPITAL EMPLOYEE AS WITNESS

I (print name)

have witnessed the above election.

Signed:

Position:

Date: