

Choosing to be a private patient

When you are admitted to Austin Health you will be asked if you have private health insurance. If you have private health insurance, you will be asked to choose between being admitted as a public or private patient.

Choosing to be a public inpatient

To be admitted as a public patient you will need to have a valid Medicare card. If you are admitted as a public patient at Austin Health, there may be costs associated with your admission which are explained below.

Choosing to be a private inpatient

To be admitted as a private patient, you will need to have private health insurance. If you choose to use your private health insurance at Austin Health:

- You will not be charged any 'out of pocket' expenses (gap payments) for your inpatient stay including hospital accommodation, medical care, diagnostic tests or prosthesis services
- We will cover any excess or co-payments applied by your health fund for your admission, if your excess is calculated annually you can save money on future excess payments in the same calendar year
- The payment we receive from your private health insurance goes directly to the hospital. It is used to improve accommodation, invest in new equipment, recruit specialist staff and fund research.

What costs are involved during my stay?

The following costs are payable by **all patients**:

- Television (if used)
- Discharge medication
- Equipment hire/purchase (if required)

All patients need to pay for their medications on discharge. If you have a pension card, healthcare card or safety net number, let the pharmacist know when picking up your medications for discharge.

If I use my private health insurance, am I guaranteed a single room?

No, single rooms are prioritised based on a clinical need, infection risk and patient safety.



Austin Health acknowledges the Traditional Custodians of the land and pays its respects to Elders past, present and emerging.

Austin Health celebrates, values and includes people of all backgrounds, genders, sexualities, cultures, bodies and abilities.



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Can I be transferred to a private hospital?

You have the choice to be transferred to a private hospital. The Care Coordinator or Nurse in Charge can assist you or your family to organise a transfer if they believe it is safe to do so. Some medical conditions need expertise and equipment which may not be available in the private system. If you choose to be transferred to another Health Service and you require ambulance transport you may be responsible for the associated cost. It is advisable to contact your private health insurer to check whether your policy covers ambulance transport.

Private health insurance levels of cover vary and a transfer to a Private Hospital could result in you being out of pocket. If you are considering a transfer, call the hospital in advance to understand what fees you can expect with your level of cover.

Will I receive any accounts in the mail?

Your accounts will be sent directly to Medicare and your Private Health Fund. On the rare occasion you receive an invoice in the mail, please contact the Revenue Services Department on 9496 5554.

Frequently asked questions

What if my health fund discourages private admission in a public hospital?

The decision to use your private health insurance in a public hospital is your choice. Your health fund cannot question your decision.

Will my insurance premiums increase?

No. Premium increases are not determined on an individual case basis. The frequency of use of your insurance will not increase your premium.

Does my level of cover make a difference in a public hospital?

In most cases basic hospital cover is sufficient to cover hospitalisation in a public hospital. Irrespective of your level of cover we will conduct an eligibility check and let you know the outcome. If you are not eligible, you will be treated as a public patient at no cost.

If you have any questions, please contact us.

Department: Revenue Services Department
Phone: **9496 5554**
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