

What you should know before going into hospital





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HCF Member Information

Call 13 13 34

New Members

Call 13 14 39

**Call between 8am and 8pm, Monday to Friday,
and 9am to 5pm on weekends**

Write to HCF

GPO Box 4242

SYDNEY NSW 2001

Go to our website

www.hcf.com.au

Go to your nearest HCF branch

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PURPOSE OF THIS BROCHURE

Many people are apprehensive about going into hospital. You may be worried about your health, concerned about placing yourself in the care of people you don't know or anxious about the costs.

If so, you can reduce your apprehension by being well prepared. As a health consumer you have rights and responsibilities regarding your treatment, and as an HCF member you also have choices about which doctor you may use, at which hospital you may receive treatment and the level of insurance cover (product) you may choose.

Your first priority when going to hospital is to look after your health. But your health decision may have financial implications, so unless it is an emergency, check out the possible costs in advance.

Once you have made the important medical, hospital and financial decisions, prepare yourself for your admission for hospital. Being well prepared will help make your stay as comfortable as possible and hasten your recovery.



YOUR RIGHTS AND RESPONSIBILITIES

Rights

As a healthcare consumer it is your *right* to:

- be informed about your options in relation to treatment and tests before making your decision and giving consent for treatment;
- continue to be informed throughout your treatment about your care and condition;
- choose the in-hospital doctors (usually specialists) to treat you if you are a private patient;
- choose the hospital where you will be treated; and
- be informed, before a hospital admission, of the likely charges for hospital and medical services, the benefits you are entitled to and any out-of-pocket expenses (also known as 'gaps') that you may incur as a result of your stay in hospital.

Treatment Options

When you're sick or going into hospital, you want the best treatment possible. Explore all your treatment options, as the more you know the better informed your decisions will be.

Ask your doctors (GP's and specialists)

questions until you're satisfied with the treatments proposed, understand any risks, and know what results you can expect. Your doctors should encourage this questioning. You may wish to ask your doctors for:

- information regarding the nature of your condition or illness;
- an explanation of the diagnosis and the degree of uncertainty of any diagnosis;
- the results of tests;
- the proposed approach to investigation, diagnosis and treatment;
 - what the proposed approach involves;
 - the expected benefits;
 - common side-effects and risks of the treatment;
 - whether the treatment is standard or experimental;
 - if the treatment proposed is based on the latest scientific evidence;
 - who will undertake the treatment;
 - how long the treatment will take;
 - where relevant, an explanation of the surgical procedure/s;
 - the probable outcome of the surgery or treatment;

- the degree of certainty about how well it will treat your condition;

- other options for investigation, diagnoses and treatment that may be available, and the risks and complications commonly associated with these;
- current accepted medical practice;
- the likely consequences of not having the proposed tests, treatment, or procedure at all; and
- any significant long-term physical, emotional, mental, social, sexual, or other outcomes which may be associated with a proposed treatment or other options.

Refer also to the Questions to Ask section on page 20.

You may also ask your GP for a list of possible specialists. If you don't need urgent treatment, it is not unreasonable to consider consulting with more than one specialist to gain a second opinion.

Websites may also be a useful reference source. However, treat websites with some caution as many provide general information which may not be relevant to your case. Some reputable websites are the National (USA) Guideline Clearinghouse at www.guideline.gov, the Australian National Health and Medical Research

Council at www.nhmrc.gov.au and www.yoursurgery.com/index.cfm# (descriptions of common procedures and their risks).

In very limited circumstances, doctors may withhold information. The doctor's judgement must be that there are reasonable grounds to believe that you may be seriously harmed by receiving such information, eg because of your current mental state.



Clinical Consent

As a general rule, no operation, procedure or treatment may be undertaken without your informed clinical consent.

To give a valid clinical consent:

- you must have the capacity to give consent, which means that you must understand the implications of the treatment;

- you must give the consent freely, and not be pressured by a doctor or hospital staff into making an unnecessarily quick or uninformed decision; and
- the consent must be specific. It is only valid for the treatment or procedure which you have been informed about and agreed to and for procedures that could not have been anticipated but arose as a result of findings or complications of the initial treatment.

If the procedure involves research or experimentation it should be approved by the appropriate institutional Ethics Committee, and all the risks and benefits including those of not receiving the usual treatment must be explained to you and your consent obtained.

Doctors treating patients in hospital should obtain consent from:

- adult patients, in some cases as young as 14, but usually 16 years of age and above who are able to make decisions about treatment themselves; or
- parents or guardians of patients who are younger than 16 years old; or
- guardians of patients in special circumstances who are 16 years and above where consent is required by government

regulation from a responsible person or guardian.

You must have been given sufficient information to be able to understand what is the planned procedure(s) and the risks and benefits of proceeding or not proceeding.

You will be asked to sign an 'Informed Clinical Consent Form' which indicates that you have heard the explanations, understand and agree to proceed with the proposed treatment.

In emergencies, where immediate medical treatment is necessary to preserve life or prevent serious harm, it may not be possible to provide some or all of the information outlined above before treatment commences.

Responsibilities

As a healthcare consumer, it is your responsibility to:

- be frank and honest in giving information about your health to your healthcare providers;
- make sure, before you go into hospital, that you know what medication you take;
- ensure that your doctor and hospital are aware of the medication you take and of any conditions affecting you, such as allergies;



- understand the treatment and medicines being provided to you; and
- be familiar with what your health insurance provides. Your product (the insurance cover you have chosen) may have financial implications if you need to go into hospital. Check your product coverage with HCF.

CHOICE OF COVER

HCF provides you with the best in private healthcare cover.

HCF's major healthcare cover product categories are:

HCF Hospital Cover provides you with cover or fund benefits towards:

- the cost of hospital treatment (e.g. accommodation, theatre, critical care) as a private patient in a public or private hospital;
- the cost of medical treatment provided in hospital up to 100% of Commonwealth's Medicare Schedule Fee;
- the medical gap (the amount some doctors charge in excess of the Commonwealth's Medicare Schedule Fee) for in-hospital services for doctors participating in HCF's no medical gap arrangements (see page 10 for more information);
- 100% of the ambulance charges for emergency and non-emergency ambulance services;

There are additional services provided by some hospitals that are not covered, e.g. personal conveniences such as

toothbrushes, beauty salon services, phone calls and newspapers, etc. For details, refer to *HCF's Best Choice in Health Insurance* brochure.

HCF Extras (ancillary) Cover provides benefits for selected services not provided in hospital and not covered by Medicare, such as physiotherapy, dental and optical treatment.

HCF Ambulance Cover Only may be purchased separately from other products and provides cover for 100% emergency ambulance services and up to \$5,000 p.a. for non-emergency ambulance services.

HCF offers its members a range of products within each product category to enable members to choose which individual product best suits their needs. Generally the products with the highest and most extensive level of cover have the highest premiums. However, members may choose to have a lower premium by having reduced cover on selected procedures and/or by choosing to pay an excess towards the cost of treatment when it occurs.

It is important that you know your level of cover as it may have financial implications for you when seeking treatment.

HCF's *The Best Choice in Health Insurance* brochure provides information on current

HCF products (hospital, per night excesses and extras), benefits paid and advice on protecting your financial health.

HCF's *Your Guide to Membership* brochure outlines fund rules, for example transferring from another fund, waiting periods, and how to change to different levels of cover. A copy of both of these brochures may be obtained from any HCF branch.

You should review your product from time to time to make sure it still suits your needs. For information call HCF on 13 13 34 or visit our website at www.hcf.com.au.
(For more information also refer to *Frequently Asked Questions* on page 23.)



CHOICE OF DOCTOR

Information you may seek from your General Practitioner (GP)

It's important you have a general practitioner (GP) you trust and feel comfortable with. If your GP refers you to a specialist, ask your GP if they can:

- give you a list of possible specialists to choose from. If your treatment isn't urgent, you may wish to consult with more than one specialist to get a second opinion; and
- refer you to a specialist who will charge a no gap fee.

When making your decision about which specialist to go to, take into consideration that doctors usually only work at certain hospitals. If you want to be treated by a particular doctor, ask which hospitals they work in. Alternatively, if you want to be treated at a particular hospital, ask the hospital or your GP which doctors provide treatment for your condition at that hospital.

Information you may seek from your in-hospital treating doctor(s) (usually a specialist)

HCF guarantees members the freedom to choose the doctor they want to treat them as a private patient in hospital. About 95%

of the doctors treating their patients in hospitals are specialists. The remaining 5% are GPs.

When you visit your in-hospital treating doctor ask:

- about their experience performing the proposed treatment. You can also ask about their results and how they compare with the results of other doctors who provide the same treatment;
- for information about their charges.



There can be a wide variation in the charging practices of doctors. There is no evidence that the highest charging doctors necessarily have better outcomes than doctors who charge at lower rates. HCF publishes an *Annual Medical Charge Survey* to help you understand doctors' charging patterns. This survey reports on *general*

charging practices and does not refer to the charging practices of individual doctors and;

- whether all the doctors who will be treating you in hospital will participate in HCF's no medical gap arrangements.

Doctors' charges

Historically, in-hospital medical services are charged for directly by doctors, while hospital services such as accommodation and theatre are charged by the hospital.

Medical services may be provided as an out-of-hospital service (typically in consultants' rooms) or as an inpatient service associated with a hospital treatment. By law health funds are restricted to paying benefits for in-hospital medical fees only.

The Commonwealth Government has a separate Medicare Benefits Schedule fee (MBS) for each individual medical service. When you receive medical treatment in hospital as a private patient, Medicare pays 75% of the MBS fee for the doctor's services and HCF pays the remaining 25% of the MBS fee. When doctors charge the MBS fee the combined Medicare and HCF benefits fully cover their charges. Many doctors charge the MBS fee.

Some doctors believe the MBS fee does not adequately reflect the cost and responsibility of supplying their service, so

they charge more than the MBS fee. Where the fees for medical services carried out in a hospital by a doctor are higher than the MBS fee, this is known as the medical gap.

HCF's no medical gap arrangements

Many doctors who charge above the MBS fee are now participating in HCF's no medical gap arrangements, which means you will not have to pay any gaps for the in-hospital medical services they provide to you. Where the doctor chooses not to participate in a no medical gap arrangement and charges above the MBS fee, there will be a medical gap that you will pay the doctor for the medical service they performed in-hospital. Ask your doctor(s) about their charges so you know in advance how much, if anything, you will have to pay.

In some cases the doctor may choose whether or not to treat you under one of HCF's no gap arrangements. By you just asking your doctor whether or not they will participate in a no gap arrangement, may encourage them to do so for your treatment.

As an HCF member, you have the right to choose the doctors who treat you. HCF now provides details to members of the doctors who are participating in our no gap arrangements and who wish to be known to our members. Some participating doctors

choose not to be publicly listed and new doctors are joining all the time, so we recommend that you ask your doctor each time they provide in-hospital medical services, if they will participate in HCF's no medical gap arrangements for your treatment.



You can also get information from HCF about our benefit levels under our no gap arrangements. If your doctors agree not to charge above this level, their services may be covered at 'no gap' providing certain conditions are met (for example, the doctor has facilitated informed financial consent prior to admission).

Informed financial consent for medical charges

If you need to be admitted to hospital and you elect to be treated as a private patient, you can use the *HCF Informed Financial Consent - Medical Charges* form when you talk to your doctors. A copy of the form is shown on page 30. It can be completed by your doctor/s who should identify all of the medical services you are likely to receive while you are in hospital. It covers medical services only; not the services provided by the hospital.

Remember that you may be treated by more than one doctor when in hospital and may be charged by doctors you haven't yet met, for example, an anaesthetist, radiologist or an assistant surgeon. In many cases there will be a principal or co-ordinating doctor who can advise you what other doctors are involved in your hospital treatment and may also be able to advise you of their charges. HCF encourages this type of co-ordination.

You need to be advised about all charges before you can give Informed Financial Consent for treatment. (This may not be possible in an emergency situation, in which case you should be advised as soon as practicable after your treatment.) Bear in mind that any estimate of charges reflects the treatment planned at the time of the

estimate. If the treatment you receive is different, then appropriately, the charges may also vary.

Disclosure of financial interest

As a patient, you rely on the health professionals to have your best interests as their prime consideration. You are entitled to believe that, unless you are told otherwise, there is no commercial arrangement between your doctor and other providers or suppliers of products or services to be used in your treatment.

A doctor's ability to provide objective advice about the most appropriate course of action for you could be compromised if the doctor has a financial interest in promoting one course of action over another. Such interest could include ownership of another provider, a commission for using a product, discounted prices for products, the sponsoring of attendances at overseas conferences, funding for research, or the funding of associated activities.

Even if there is no risk of compromise, as a patient you are fully entitled to know of such financial interests. Your doctor should disclose any such interest as part of the informed financial consent process.

CHOICE OF HOSPITAL

As an HCF member, you can choose to be admitted as a:

- public patient in a public hospital
- private patient in a public hospital
- private patient in a participating private hospital
- private patient in a non-participating private hospital

Public Patient in a Public Hospital

All Australian residents who are eligible for Medicare have the right to attend a public hospital as a **public patient**. Even if you have private health insurance, you have the right to be treated as a public patient. This entitles you to:

- public hospital accommodation; and
- treatment by doctors appointed by the hospital.

As a public patient in a public hospital, under Medicare you will not be charged for hospital accommodation or for the medical treatment provided by the hospital-appointed doctors. However, you may not have your doctor of choice and you may wait for treatment based on the hospital's assessment of your clinical needs. Part of

your care may be provided by residents and registrars, who are junior medical staff in-training under the supervision of the hospital specialist staff.

If you have private health insurance, and you are admitted to a public hospital, you can choose whether you wish to be admitted as a **public or private patient**. Make sure at the time of your admission to a public hospital that you are given the options and that you make an informed decision that best suits you.



Ask the hospital if there will be any medical gaps and what the benefits are of being a private rather than a public patient.

Advantages of being a Private Patient

If you choose to be admitted as a private patient to a public or private hospital, you have the advantage of being able to:

- choose the doctor who will treat you (as long as they work at the hospital);

- choose the type of accommodation you want, eg a single room in a private hospital (subject to availability);
- likely have the treatment earlier than would possibly occur if you were to be treated as a public patient; and
- have access to what is perceived by many people as the better quality services provided to private patients.

Advantages of using a Participating Private Hospital

HCF negotiates agreements with private hospitals in all the states and territories of Australia. These hospitals are known as participating private hospitals. Most private hospital admissions in NSW and ACT (98%), Queensland (85%) and Victoria (86%) are covered by HCF agreements.

If you are admitted as a private patient in an HCF participating private hospital (including licensed day hospital facilities), you will have either 'no' or 'known' out-of-pocket expenses for the hospital services you receive. (These are the hospital charges as distinct from the doctor's fees.)

If you do have to make a payment to the hospital, it will generally be related to the HCF cover you have chosen that may have an excess, per night excess (co-payment), reduced benefits on selected items, or a

combination of some or all of these. The participating hospital will contact HCF on your behalf to confirm your membership details, find out information about your product and advise you if you will incur any out-of-pocket expenses.

Non-participating Private Hospitals

If you are a private patient in a non-participating hospital, you may have to pay a significant gap depending on what the hospital charges you. There are many factors to be taken into account in determining your benefit at a non-participating hospital. A non-participating hospital may not contact HCF on your behalf so contact us in advance so we can advise you of the benefits HCF will pay.

You can call HCF Member Information on 13 13 34 before going into hospital to check whether a hospital is a participating or non-participating hospital. We can give you information about any out-of-pocket expenses you may incur provided you are able to advise HCF of the charges the hospital has quoted you. Please have your membership number, doctor's name, details of the hospital and the procedure handy when you call.

Informed financial consent for hospital charges

The *HCF Informed Financial Consent - Hospital Charges* form is shown on page 31. You may need this form if you are going to a non-participating private hospital. The hospital can complete the form before you are admitted so that you will be aware in advance of any out-of-pocket hospital costs.

In participating private hospitals you will either have no or a known out-of-pocket expense for the hospital services received. Consequently the informed financial consent process will be much simpler and it may not be necessary to get the hospital to complete the *HCF Informed Financial Consent - Hospital Charges* form.

In an emergency

Obviously, in an emergency, you may not be able to make these choices, such as the choice of doctor, and you may not be given advice about likely costs prior to your initial treatment. However, you have the right to choose to be admitted as a public or private patient and be informed about the costs associated with your admission as soon as possible after you are admitted.

PREPARATION FOR HOSPITAL

Making lifestyle changes in the weeks before you go into hospital can help make your stay in hospital more comfortable and speed your recovery.



Stop smoking

Cigarette smoke 'paralyses' the natural mechanism your lungs possess to clear themselves of unwanted material. It takes at least a month for this to wear off. So cut down or stop smoking at least a month to six weeks before a general anaesthetic or hospitalisation. If you need help to quit, talk to your doctor or contact your local QUIT line.

Lose weight

Carrying more weight than you need adds a small additional risk to anaesthesia, can make getting up and moving afterwards more difficult and increases the possibility of clots and bedsores.

Diet and appropriate exercise are the keys to losing weight. Talk to your doctor and/or dietician about a program and set realistic goals for yourself. This is not the time for crash dieting.

Eat well

Diet is not just about losing weight. Healing and recovery from an operation are improved by maintaining the right vitamin and mineral stores in the body. This is especially important if your usual diet is lacking or if you anticipate several days of being unable to eat properly (eg after a stomach or bowel operation). Some people experience constipation after a few days in bed. Ensuring sufficient fibre in the diet before you go into hospital may help.

Vitamin and mineral supplementation may be helpful prior to surgery. Zinc, B Group vitamins and others seem to make a difference to healing. Iron may be helpful if blood loss could be a problem. Check with your doctor, dietician, pharmacist or naturopath about what supplements to take.

Exercise

If you are not fit, try walking or swimming regularly before going into hospital, to get your heart and lungs as ready as possible for an anaesthetic. However, don't overdo it!

Deep breathing exercises are very useful if you are having a general anaesthetic or chest or abdominal surgery. This is especially true if you are older, have been a smoker at some time in your life, or have any sort of lung condition.

If you are having an orthopaedic procedure, find out what exercise will be required in your recuperation and start doing the exercise as soon as you can, even before hospital. It is better to have your muscles a little more toned before coping with any discomfort or limitation after the operation. Check with your GP if you have a heart condition.

Check your existing medications

Before you go into hospital, make sure you know what medications you take regularly as the hospital will need this information. When you are in hospital you may need additional medication. The hospital doctors need to know about your existing medication to avoid prescribing the same or conflicting medication. They also need to know about any allergies.

It can sometimes happen that a dose of medication is missed while you're in hospital or even a wrong medicine given. While this may not be a problem, it can sometimes have unwanted consequences. If you know what medication you should have, you will have the information to avoid such problems.

Take a list with you of all the medicines you take, including non-prescription over-the-counter medicines, such as aspirin, and dietary supplements, such as vitamins and herbs. Check with your doctor whether you should stop taking any of your medication before going into hospital and if you need to take anything extra.

Avoid known stressful situations

If you have a condition like high blood pressure that's worse under stress, try and avoid known stressful situations if you can. Surgery may be delayed if your blood pressure is too high.

Manage your sugar levels

If you are diabetic, be diligent about monitoring and managing your sugar levels before going into hospital.

MANAGE YOUR STAY IN HOSPITAL

Hospitals are alien to most of us. Everything is different - the people, the building, the routines, the sounds, the smells and all the equipment. For many people, going into hospital is a new experience.



Find out as much as you can about the hospital before you go. If you know someone who's been to hospital, talk to them. Don't listen to people's horror stories though. They're the exception and the last thing you need to hear. Be willing to ask questions of your doctors or hospital staff.

If you get sick (eg catch a cold or a chest infection) prior to admission, let your doctors know.

Admission

Find out in advance where you need to go for admission and what time to arrive. On your admission you may be asked to sign forms. Read them carefully and ensure they are fully completed BEFORE you sign them.

What to take to hospital

You will probably need

- sleepwear, dressing gown and slippers and comfortable clothing to wear home;
- essential toiletries including your toothbrush, razor, deodorant etc;
- a list of the medicines you are taking including over-the-counter drugs;
- details of past illnesses, surgery and any allergies;
- test results, X-rays and prescriptions if your doctor advises these are necessary;
- your Medicare and HCF membership cards;
- contact details of people to be contacted in an emergency or who you may wish to contact while you are in hospital; and
- a very small amount of money to buy items such as newspapers or magazines.

What to leave at home

Leave valuables (including jewellery and cash) and unnecessary clothing at home.

Meals

Each hospital will have its own arrangements for providing meals. If you have any special dietary requirements, let the hospital know before or during admission.

Your room

When you arrive at hospital ask the staff about any of the following that are important to you:

- the call system between you and the nurse;
- telephones;
- television, radio and newspapers;
- storage of valuables (if you want to have them with you in hospital);
- the bed and how it works;
- visitors and visiting times;
- parking; and
- what other facilities and services are available at the hospital.

Medication

Make sure that when you are prescribed medicine in hospital that you understand:

- the name of the medicine prescribed;
- what the medicine is for;
- how you are supposed to take it and for how long;

- what side effects are likely and what you should do if they occur;
- whether the medicine is safe to take with other medicines; and
- what food, drink or activities you should avoid while taking the medicine.

In hospital you may be given similar medicines to the ones you are used to, but which go by other names. You should ask and write down which new drugs have been substituted in place of your usual drugs. This helps to avoid confusion.

Safety tips

It is not unusual to feel weak or tired while in hospital, so:

- use the call bell or button when you need help;
- be careful getting in or out of bed (some hospital beds are higher than usual)
- be careful not to trip over wires and tubes that may be around your bed;
- keep the things you need within easy reach;
- hold on to grab bars for support when getting in or out of the bath or shower; and
- use the handrails on stairways and in hallways.

Get out of bed - Get out of hospital!

Years ago, doctors believed that bed rest had a positive effect on recovery from an illness or an operation. These days there is a growing understanding that getting out of bed and hospital as soon as possible leads to a faster recovery.

Getting out of bed earlier decreases your risk of getting blood clots in the legs or chest.

Elderly patients can become confused when removed from their usual environment. In hospital they can drift from being relatively independent to becoming dependent in a surprisingly short period of time.

If your health permits, and if there is appropriate support and follow-up if you need it, you may be far better recovering out of hospital.

Support

Social workers, volunteers and support groups may be available at your hospital. They are there to offer support to you and your family. Some hospitals also have discharge planners who can help you arrange for health and home care needs after you are discharged.

Planning for your discharge

Plan how you will manage when you get home. Ask the hospital discharge staff for assistance if you need it. They can help you arrange for services such as a visiting nurse, hospital equipment and meals-on-wheels.



Arrange a carer

If you need someone to care for you when you get home, make sure you have someone you can rely on. Many patients underestimate their need for assistance when they get home. Just going to the toilet, doing the shopping, or answering the phone or door may be difficult. Reduced vision after eye surgery can be a problem, or you may have trouble carrying things after abdominal or pelvic surgery. Prepare yourself by asking your doctor what you can expect your condition to be when you go home and whether you will need any general or specific assistance.

QUESTIONS TO ASK

Questions to ask your GP

If you visit a GP when you first feel unwell ask:

- What can you tell me about my illness or condition?
- What are the different treatment options?
- Which one of those options is best for me?
- Are there any risks, side-effects or complications associated with the treatment?

If the GP refers you to a specialist who may need to treat you in hospital, ask your GP:

- Why are you referring me to that particular specialist?
- If I am still concerned, may I have a referral to more than one specialist so that I can get a second opinion?
- How experienced is this specialist with my condition?
- Can you tell me about the results the specialist gets?

- How up-to-date is that specialist with the latest research about my condition?
- Is it likely I need to be admitted to hospital for treatment?
- Is the specialist participating in an HCF no medical gap arrangement?
- Will the other doctors who are likely to treat me also participate in an HCF no medical gap arrangement?
- What hospitals does the specialist work in?
- Will the specialist send my bills to HCF so that I don't have to deal with the bills myself?
- Is there anything else that I should be aware of?



Questions to ask your in-hospital treating doctor/s (usually a specialist)

Ask your specialist about your illness or condition:

- What can you tell me about my illness or condition?
- What is my prognosis?
- What are the treatment options for this illness or condition and in my circumstances?
- What are the likely results from all of the options? How well will I be?
- What does the latest research say about those treatment options?
- Are there other treatments offered elsewhere that might be better for me?
- Which option is best for me? Why?
- Can you suggest what I can read to find out more about my illness or condition?
- Is there a website where I can read more about my illness or condition?
- Are there likely to be any complications from this treatment?
- Are there likely to be any side-effects from the treatment?

- Are there other risks associated with this treatment?
- Can the treatment be stopped at any stage?
- How much experience have you had in treating this illness?

If you are being admitted to hospital, also ask your specialist:

- What can you tell me about the treatment I will receive in hospital?
- How will I feel after my treatment/operation?
- How will I feel by the time I am discharged?
- How long will it take for me to fully recover?
- How long will I be in hospital?
- Is there anything I need to bring with me to the hospital (for example, medication or X-rays)?
- Will I be able to drive home?

- Will I need someone to care for me or to help me when I go home?
- Will I need more care or rehabilitation when I go home?

Ask your specialist about the cost of hospital treatments:

- Will you participate in an HCF no medical gap arrangement for my treatment?
- Will all of the other doctors involved in my treatment participate in an HCF no medical gap arrangement for me?
- If not, how much of a gap will I have to pay for my medical treatment?
- Will you send all of my bills to HCF so that I don't have to deal with the bills myself?
- Can you give me the most likely Medicare item number/s for my treatment so that I can check with HCF that I am covered (there may be a range or choice of numbers)?
- Will there be any cost associated with any treatment I need when I come out of hospital?
- Is there anything else I need to know about the cost of my treatment?

Questions to ask the hospital

If you are to be admitted to hospital, you can choose which hospital you want to go to, however, remember most specialists only work in particular hospitals.

Ask the hospital (your specialist may know some of the answers):

- Have you checked my eligibility for this treatment with HCF?
- Are you an HCF participating private hospital?
- If not, how much of a gap will I have to pay as a result of my stay?
- When will I receive an admission date?



- What sort of room will I have - shared or private?
- What facilities are in the room?
- When can I have visitors?
- What is the discharge time?
- What arrangements does the hospital have for parents when their children are admitted to the hospital?
- What goods or services will the hospital charge me for? (For the hospital to answer this question you will need to give the name or item number/s of the procedure or treatment your doctor has recommended.)

FREQUENTLY ASKED QUESTIONS AND ANSWERS

Will I have to wait a period before I am covered by my health insurance for a private admission to a hospital?

The Commonwealth Government has set maximum waiting periods for benefits of:

- 12 months for treatment of pre-existing conditions (see next question);
- 12 months for obstetric services; and
- 2 months for all other ailments, illnesses or conditions.

Waiting periods need to be served before hospital benefits are paid and apply to:

- new members;
- existing HCF members who upgrade to a higher level of cover for services they were not previously covered for;
- members transferring from another fund who have not already completed the required waiting periods for equivalent benefits;
- new dependants unless they are transferring from another fund where they have already completed the required

waiting period for equivalent benefits;
and

- treatment for pre-existing ailments.



What is a pre-existing ailment or condition?

A pre-existing ailment or condition is one where the signs and symptoms existed at any time during the six months before you took out health insurance or upgraded to a higher level of cover, even though a diagnosis may not have been made. If there is any doubt about whether an ailment or condition is pre-existing, HCF will appoint an independent medical practitioner to examine information provided by your doctor, together with other relevant claim details and make an assessment as to

whether that condition was pre-existing.

I have just found out that I need to be admitted to hospital. How can I find out before I am admitted to hospital if I am covered for my treatment and if any waiting periods apply?

Ring our Member Information Line during business hours on 13 13 34 or go to our website www.hcf.com.au. The website provides information benefits and coverage.

Can I choose my doctor?

Yes, as a private patient, you are free to choose your doctor. If you want to be treated at a particular hospital, you will need to choose a doctor that works, (i.e. is credentialed at that hospital.)

What costs are associated with going to hospital?

Doctors' charges for medical services performed in hospital are charged separately from hospital services, such as accommodation.

Any out-of-pocket expenses you occur will depend on your level of cover, whether your doctors charge above the MBS, whether they participate in an HCF no medical gap arrangement and whether you attend a public, participating private hospital or non-participating private hospital.

What is the Medicare Benefits Schedule (MBS) and what is the schedule fee for my medical treatment in hospital?

The Commonwealth Government sets the MBS fee for each individual medical service performed in hospital. As a private patient, Medicare will pay 75% and HCF will pay 25% of that fee. Your doctor may, however, charge over and above that fee.

What is a medical gap?

If your doctor charges above the MBS fee, this is commonly known as the medical gap. If your doctor charges above the MBS fee and is participating in an HCF no medical



gap arrangement for your treatment, HCF will pay the medical gap. If the doctor is not participating in HCF's no gap

arrangements then you will be responsible for paying the medical gap.

What is an HCF no medical gap arrangement?

Many doctors who charge above the MBS fee are now participating in HCF's no medical gap arrangements, which means there will be no gaps for the in-hospital medical services they provide for you. Where the doctor chooses not to participate in a no medical gap arrangement and charges above the MBS fee, there will be a medical gap that you will pay the doctor for the medical service they performed in the hospital. Ask them about their charges so you know in advance how much you will have to pay.

How can I find out if my doctor is a participating HCF no medical gap doctor?

Ask your doctor if they are a participating HCF no medical gap doctor. You can also check our website (www.hcf.com.au) which details participating doctors who are willing to have their names publicised. This information is not complete as some participating doctors do not choose to be made known and new doctors are joining all the time.

Participation in HCF's no gap initiatives is at the doctor's discretion. HCF does not guarantee that every medical service provided by these doctors will be a no gap service. Patients are encouraged to confirm with their doctors whether they will support HCF's no gap initiatives for their treatment.



What does it mean for me if my doctor is a participating HCF no medical gap doctor?

If your doctor agrees to provide your treatment under an HCF no medical gap arrangement, then you don't pay a gap for the medical treatment provided by that doctor while you are an admitted patient.

Are all tests, for example pathology or X-rays, covered while I am in hospital?

Your hospital cover will pay benefits towards all doctors' bills for tests performed

while you are an admitted patient in hospital. This includes pathology and X-rays. If the pathologist and radiologist use HCF no medical gap arrangements for your tests, then you will have no gaps to pay for their services. If not, you will be covered up to the level of the MBS fee, with 75% of this being paid by the Commonwealth and 25% being paid by HCF.

How can I find out if the hospital I am going to is an HCF participating private hospital?

Call 13 13 34 with the name of the hospital and we can advise you on individual hospitals and participating hospitals in your area. This information is also on our website (www.hcf.com.au).

If you go to an HCF participating private hospital you will not need to pay any gap for hospital accommodation and theatre costs (subject to the level of your hospital cover). Most private hospital admissions of HCF members in NSW and the ACT (98%), Queensland (85%) and Victoria (86%) are at participating private hospitals.

What will happen if I go to an HCF non-participating private hospital?

If you go to a non-participating private hospital you may have to pay a gap.

What is an excess?

An excess is an amount of money that a member agrees to pay before benefits are paid if they need to go to hospital. This reduces the cost of the hospital cover.

Whether you are admitted to an HCF participating or non-participating private hospital, if you have hospital cover that includes excesses, those excesses apply.

If you're not sure what your policy covers, contact your nearest HCF branch or phone HCF Member Information on 13 13 34 with your product details.

Is my excess payable per calendar year, financial year or 12 months after my last hospital stay?

If you are admitted to hospital, the excess is payable per calendar year.

What is a 'certificate of attendant' and when do I need one?

A 'certificate of attendant', which is completed by your doctor, is necessary if you are going into hospital within the first 12 months of joining HCF or upgrading your cover. This certificate helps HCF determine whether your condition is pre-existing.

Will I be covered for the prosthesis used during my hospital treatment?

Your hospital product includes 100% cover for any prosthesis (implanted device sometimes used in surgery) listed on the Commonwealth Schedule that is used in your procedure.



Are pharmacy items covered while I am in hospital?

If you go to an HCF participating private hospital, pharmacy items will be covered provided they are directly related or associated with the reason for your admission. Medication that is taken for other purposes, for example, diabetes and discharge or take home drugs, is not covered.

Are bandages/crutches/dressings covered?

You are not covered for any items you take from the hospital to use at home, such as

bandages or crutches. However, you are covered for all items used while in hospital.

Am I covered for ambulance transport to or from hospital?

Your hospital cover provides 100% cover for emergency ambulance services.

Am I covered for a VIP room?

VIP or luxury rooms are not fully covered by HCF. If you stay in one of these rooms, you will have to pay a gap.

If I am going to have a day procedure, can I stay overnight if the discharge time is late in the evening?

You are only covered to stay overnight if there is a valid medical reason.



Can I stay in hospital the night before my surgery, as it is too far to travel on the day of the procedure?

You are only covered to stay in the hospital if there is a valid medical reason. However, some ancillary products offer assistance towards the cost of travel and non-hospital accommodation.

If my child is admitted to hospital, am I covered to board at the hospital?

Health insurance only covers the patient, so hospital board for you is not covered. Some ancillary products offer assistance towards the cost of non-hospital accommodation.

Is there a time limit on how long I can stay in hospital?

While there is a medical reason, there is no time limit on how long you can stay in hospital. If you need to be in hospital for 35 or more consecutive days, your treating doctor will need to sign a certificate stating the medical reason for the length of your stay.

Will I be told if my contributions are to go up or if my benefits are going to change?

Yes. It is HCF policy to notify members in advance of any change to their health insurance cover and benefits.

How do I make a hospital claim?

The hospital will normally submit a claim to HCF on your behalf. You will be asked to sign the claim form before you are discharged. Make sure the claim form is completed before you sign it.

If you are required to pay for your hospital admission directly to the hospital, please submit your hospital claim form, accounts and receipts by mailing them to HCF or taking them to your local HCF branch. Your benefits will be credited directly to your nominated account, or a cheque sent to your postal address.

How do I make a claim for medical treatment in hospital?

If your doctor is using one of HCF's no medical gap arrangements for your treatment in hospital he/she will send the bill directly to HCF. Otherwise the doctor will give the bill to you to take to a branch or mail to HCF, GPO Box 4242, Sydney NSW 2001. In either case, HCF will provide you with a statement after the claim has been paid.

OTHER INFORMATION

As a service to our members, HCF regularly publishes health reports. These reports generally provide easily understood explanations of the illness, treatment options and questions you can ask your doctor.

We have reports on:

- Cancer
- Heart Disease
- Asthma
- Diabetes
- Arthritis
- Alzheimer's Disease
- Pregnancy and Childbirth
- Legal Drugs
- Obesity
- Depression
- Irritable Bowel Syndrome
- Skin
- Menopause
- Osteoporosis
- Eating Disorders
- Summer Safety

SAMPLE OF MEDICAL CHARGES FORM

HCF INFORMED FINANCIAL CONSENT - MEDICAL CHARGES

The purpose of this consent form is to advise you, if you elect to be treated as a private patient, of the likely cost of your treatment, the expected amounts to be reimbursed from your Health Fund and Medicare, and any out-of-pocket costs that may result, so that you are aware of them prior to treatment commencing. This form should be completed and provided to you at least one week prior to your treatment.

PATIENT DETAILS

Patient Name: MR A. CITIZEN Date of Birth: 1 / 1 / 20
 Address: 1A SYDNEY STREET
SYDNEY Postcode: 2000
 HCF Member No.: 12345678 Member No.: 1234 12345 1

TREATMENT(S) WHICH IS/ARE EXPECTED TO BE GIVEN

Hospital: ABC HOSPITAL
 Date of Admission: 1 / 4 / 2002 Estimated length of stay: 8 days

Description of Service	Provider Name	Number	Estimated Total Charge	Health Benefit	Medicare Benefit	Patient Payment
49521 - KNEE REPLACEMENT	DR. A SMITH	1234567A	\$1800	\$850.40	\$949.60	NIL
TOTALS			\$ 1800	\$ 850.40	\$ 949.60	\$ NIL

PREPARED BY

This consent form has been prepared by:
 Your Name: B. JONES
 Signature: _____ Date of Birth: / /

FINANCIAL INTERESTS IN TREATMENT TO BE GIVEN

The doctor(s) providing these treatments advise they have the following financial interests in the services being recommended:

Dr. _____ Interest: _____
 Dr. _____ Interest: _____
 Dr. _____ Interest: _____
 Dr. _____ Interest: _____

OR No interest in any services Tick box

PATIENT CONSENT

I have been advised of the above costs and financial interests in respect of my proposed treatment. I understand that the patient payments are my sole liability. I acknowledge that these cost estimates may vary as a result of variations in the treatment provided.

Consent Signature: _____ Date of Birth: 20 / 3 / 02

SAMPLE OF HOSPITAL CHARGES FORM

HCF INFORMED FINANCIAL CONSENT - HOSPITAL CHARGES

The purpose of this form is to advise HCF members of the likely charges for treatment, the amounts to be reimbursed by HCF and Medicare and any out-of-pocket costs that may result. Members should be aware of this information prior to commencing treatment and where practical, this form should be completed prior to admission. A summary statement of hospital charges will be provided to members after being discharged from hospital.

1. TO BE COMPLETED BY HCF MEMBER

Patient Name: MR. A. CITIZEN
 Address: 1A SYDNEY STREET
SYDNEY Postcode: 2000
 Member Ph No.: 1023 9111 1111 Date of Birth: 1 / 1 / 20
 Member No.: 1234 12345 1
 Hospital cover: TOP PLUS HCF Membership No.: 12345678

2. TO BE COMPLETED BY HOSPITAL

Name of Hospital: ABC HOSPITAL
 Date of Admission: 1 / 4 / 02
 Estimated length of stay: 8 DAYS
 On behalf of the hospital, the consent process and patient election has been administered by:
 HOSPITAL NAME: DR. A. SMITH
 Signature: _____ Date: 20 / 1 / 02

3. TO BE COMPLETED BY HOSPITAL

Hospital Services Description of Service	Provider Name	Item Number	Estimated Total Charge (A+B+C)	HCF Benefit A	Medicare Benefit B	Patient Payment C
End Day Fee	ABC HOSP.	49521	\$10,000	\$9,500	\$ 0	\$500
Prostheses	ABC DRSP.	51123	2,000	2,000	0	0
Theatre Fee	ABC HOSP.	49521	1,200	1,200	0	50
Drugs	ABC HOSP.	K500	100	80	0	80
Pharmacy	1) HOSP. PHARM 2) TAKE HOME PHARMACY	10000911	100	100	0	85
Physiotherapy	A. JONES	T015 11215	40	20	0	20
Other						
These cost estimates may vary as a result of variations in the treatment provided.			Totals	\$ 11,695.00	\$ 12,920	\$ 275.00

4. DECLARATION TO BE SIGNED BY HCF MEMBER

• **Factors/Guardian Consent:** I have been advised of the above cost estimates in respect of my proposed treatment. I understand that these are cost estimates and may change as a result of variations in the treatment provided. I understand that the patient payments are my responsibility.

• I authorize the relevant Practitioner or Provider of the services, or any other authorized personnel with my hospitalization, injury, illness or absence, or the treatment or diagnosis, to supply all relevant information to HCF, including a copy of this form and clinical and demographic information as outlined in the Hospital Caseness Protocol data set.

Factors/Guardian Signature: _____ Date of Birth: 20 / 3 / 02

The purpose of this consent form is to advise you, if you elect to be treated as a private patient, of the likely cost of your treatment, the expected amounts to be reimbursed from your Health Fund and Medicare, and any out-of-pocket costs that may result, so that you are aware of them prior to treatment commencing. This form should be completed and provided to you at least one week prior to your treatment.

PATIENT DETAILS	
Patient Name _____	Date of Birth / / _____
Address _____	
Postcode _____	
HCF Membership No. _____	Medicare No. _____

TREATMENT/SERVICES EXPECTED TO BE GIVEN						
Hospital _____						
Date of Admission / / _____			Estimated length of stay days _____			
Description of Service	Provider Name	Number	Estimated Total Charge	Fund Benefit	Medicare Benefit	Patient Payment
TOTALS			\$	\$	\$	\$

PREPARED BY	
This consent form has been prepared by	
Print Name _____	
Signature _____	Date / / _____

FINANCIAL INTERESTS IN TREATMENTS TO BE GIVEN	
The doctor/s providing these treatments advise they have the following financial interests in the services being recommended:	
Dr _____	Interest _____
Dr _____	Interest _____
Dr _____	Interest _____
Dr _____	Interest _____
OR No interests in any services <input type="checkbox"/> Tick box	

PATIENT CONSENT	
I have been advised of the above costs and financial interests in respect of my proposed treatment. I understand that the patient payments are my responsibility. I acknowledge that these cost estimates may vary as a result of variation in the treatment provided.	
Patient Signature _____	Date / / _____

The purpose of this form is to advise HCF members of the likely charges for treatment, the amounts to be reimbursed by HCF and Medicare and any out-of-pocket costs that may result. Members should be aware of this information prior to commencing treatment and where practical, this form should be completed at least one week prior to admission. A summary statement of hospital charges will be provided to members approximately six weeks after being discharged from hospital.

1. TO BE COMPLETED BY HCF MEMBER	
Patients Name _____	
Address _____	
_____	Postcode _____
Contact Ph No. _____	Date of Birth ____/____/____
Medicare No. _____	
Hospital cover _____	HCF Membership No. _____

2. TO BE COMPLETED BY HOSPITAL	
Name of Hospital _____	
Date of Admission / /	
Estimated length of stay _____	
On behalf of the hospital, this consent process and patient election has been administered by _____	
(PRINT NAME) _____	
Signature _____	Date / /

3. TO BE COMPLETED BY HOSPITAL						
Hospital Services Description of Service	Provider Name	Item Number	Estimated Total Charge A+B+C	HCF Benefit A	Medicare Benefit B	Patient Payment C
Bed Day Fee						
Prosthesis						
Theatre Fee						
Disposables						
Pharmacy						
Physiotherapy						
Other						
These cost estimates may vary as a result of variations in the treatment provided		Totals	\$	\$	\$	\$

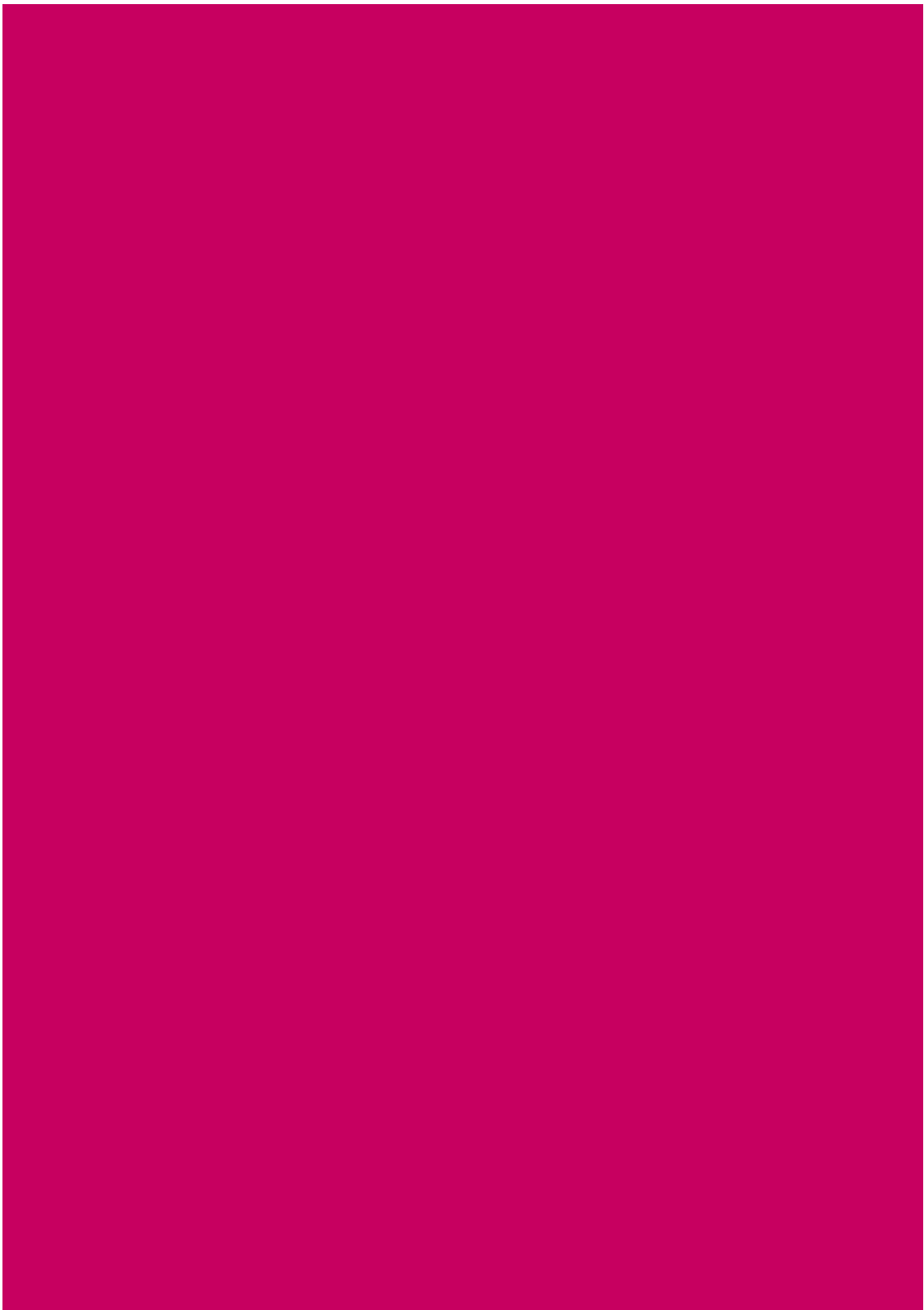
4. DECLARATION TO BE SIGNED BY HCF MEMBER	
<ul style="list-style-type: none"> • Patient/Guardian Consent: I have been advised of the above cost estimates in respect of my proposed treatment. I understand that these are cost estimates and may change as a result of variations in the treatment provided. I understand that the patient payments are my responsibility. • I authorise the referring Practitioner or Provider of the services, or any other authorities concerned with my hospitalisation, injury, disease or ailment, or the treatment or diagnosis, to supply all relevant information to HCF, including a copy of this form and clinical and demographic information as outlined in the Hospital Casemix Protocol data set. 	
Patient's/Guardian Signature _____	Date / /

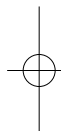
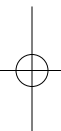
For HCF Member Information

Call 13 13 34

or go to our website

www.hcf.com.au





Cover you can count on.

THE HOSPITALS CONTRIBUTION FUND OF AUSTRALIA LIMITED

ABN 68 000 026 746. A Registered Health Benefits Organisation

HCF House, 403 George Street, Sydney 2000. Correspondence: GPO Box 4242, Sydney NSW 2001

Telephone: 13 13 34. Facsimile: (02) 9262 3118. Internet: www.hcf.com.au

