



Out-of-Pocket Checklist

What to ask your treating doctor:

- How much is your fee for my procedure / treatment?
- Will your fee be covered by Medicare and my private health insurance or will I have to pay a gap out of my own pocket?
- If I do have to pay a gap, how much will that be?
- What other options are available if I cannot afford to pay the gap?
- What other doctors and medical professionals will be involved in my procedure/treatment? And how can I get information about their fees & if they will be covered by my private health insurance?
- Are there any other costs associated with my procedure / treatment that may not be covered by Medicare or my private health insurance (e.g. pharmaceuticals; diagnostic tests)?
- Am I having a surgically implanted prosthetic device? If so, will the cost be covered or is there a gap?
- Will I receive one bill or multiple bills?
- What are the Medicare Benefits Schedule (MBS) item number(s) for my procedure / treatment?

What to ask your health fund:

- Does my hospital policy cover me for this procedure / treatment, or is there any exclusions, restrictions or waiting periods that apply?
- Is my procedure / treatment covered by a no-gap or gap cover scheme?
- Do I have to pay an excess, co-payment or any other gap under my hospital policy? If so, how much?
- Are any surgically implanted prosthetic devices or other medical devices not covered by my hospital policy?
- Do you have an agreement with the hospital I am going to be treated in?
- What are the insurance benefits payable for each of the estimated costs (e.g. hospital costs, doctors' fees)?
- Do I have to pay extra for my doctors' fees and those of anyone else involved with my treatment, or is it all covered?

What to ask the hospital:

- Does the hospital have an agreement with my private health insurer?
- Will I have a gap to pay for my hospital admission?
- What else do I have to pay for out of my own pocket during my time in hospital?

