

Excellent Care. Every Person. Every Time.

COSTS OF OVERSEAS/SELF PAY MATERNITY CARE FOR WOMEN WITHOUT A MEDICARE CARD

This information is for women who do NOT hold a valid Medicare card.

The costs of your admission is outlined below. For self-pay and health fund gap payments these fees **cannot** be reimbursed by Medicare.

Please note: **\$7,200 – Normal delivery**
\$12,000 – Caesarean Section

- You will be required to pay the deposit by **32 weeks gestation** for your maternity booking to be confirmed. Please contact 54547519 or 54547518 to discuss.
- Bendigo Health has single rooms only for maternity patients, by electing to be treated at Bendigo Health for maternity admissions you are electing a single room.

Additional costs to consider

- **Excess** – Your health insurance policy excess and/or daily co-payment (if any) will apply. This is payable on admission (if applicable).
- **Clinic Fees** - \$350 per Clinic visit, is included in the deposit paid by 32 weeks, a rebate is claimable from your health fund after birthing (if applicable). A tax invoice will be sent after delivery for you to claim.
- **Other health costs** – If you require additional services such as anaesthetics, prostheses, radiology, pathology, or paediatric care for your baby, the provider will send you a separate bill. You may be eligible for rebates from your health fund (if applicable) for these services.
- **Pharmacy items for discharge** – will be payable on discharge from hospital.
- **If your Baby is admitted to Special Care Nursery** – charges of \$2,400 per day will apply.

How to pay your account

If you are **insured for pregnancy** care and do not have a valid Medicare card:

- Estimated deposit will apply as outlined, if you are **only covered for minimum benefits** in a public hospital. With this level of insurance, you will be required to pay a deposit (based on a three-day stay) of **\$7,200 or \$12,000** for caesarean. If you stay less than three days during the birth and the post-birth period, you will be reimbursed **\$406** - Once invoicing has been done it is sent to the health fund to be assessed then a refund can be arranged to your nominated account (if applicable)

- the first two days are non-refundable. If more than three days in hospital is required the final balance must be paid on discharge to the cashiers on site.

Before completing a *Financial Consent form* we strongly advise you to check with your health fund regarding your level of cover, eligibility for obstetric care, your excess and/or any daily co-payment. Many funds pay reduced rates or nil benefits for single rooms in Public hospitals. These benefits are set by your health fund as per your policy agreement.

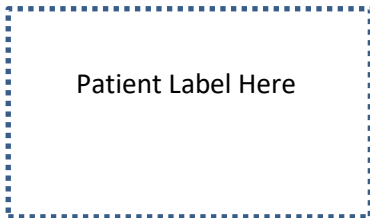
On admission, you will need to provide us with your health fund details and sign consent forms so that we can arrange a claim through your health fund, then arrange a refund to you (if applicable). It is your responsibility to ensure you are a financial member with your health fund at the time of your admission.

Any shortfall between fees charged and benefits paid by your health fund are **your** responsibility. This is known as the 'gap' payment.

If you are **uninsured for pregnancy** care and DO NOT have a valid Medicare Card (self-pay):

- You will be required to pay a package fee of **\$7,200** (for a natural delivery) or **\$12,000** (for a caesarean section) which is based on a three day stay. If more than three days in hospital is required the final balance must be paid on discharge to the cashiers on site.

If you have a short admission during your pregnancy prior to delivery (overnight observations or a day-stay) you will be required to pay your account in full on discharge. Please note: Our policy states that no debt may remain unsettled and where necessary legal action will be taken to recover debts. If you are unable to settle your account you must contact Patients Accounts on 03 5454 7530 to make alternative arrangements.



Acknowledgement of terms.

Print Name.....

Signature.....

Date.....