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HEALTHCARE

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This is a guide to the Australian health system and will give you most of the information you need to understand how it works.

Australia's national healthcare system is considered one of the fairest and best in the world. A key part of ensuring healthcare for all eligible people in Australia is Medicare.

You can find useful information on Australia's health system from the Department of Health and Ageing's web site www.health.gov.au

Reciprocal Healthcare Agreements

Medicare benefits are not available for visitors to Australia or for treatment you received overseas, however, the Australian Government has signed Reciprocal Healthcare Agreements with New Zealand, the United Kingdom, the Republic of Ireland, Sweden, the Netherlands, Finland, Italy, Malta and Norway. The agreement covers any ill health, which may occur while visiting Australia. For full details of your entitlements under these agreements please visit www.medicareaustralia.gov.au, a Medicare office or call Medicare.

Medicare

Medicare provides universal access to free public hospital care and assistance with doctors' fees. It also helps with the cost of most medicines prescribed by doctors through the Pharmaceutical Benefits Scheme.

Medicare ensures that all Australians have access to free or low-cost medical, optometric and hospital care while being free to choose private health services.

Medicare provides access to:

- Free treatment as a public (Medicare) patient in a public hospital
- Free or subsidised treatment by practitioners such as doctors, including specialists, Optometrists and dentists (specified services only)
- Australia's public hospital system is jointly funded by the Australian Government and State and Territory governments and is administered by state and territory health departments.

Medicare enrolments and medical benefit payments are administered by Medicare Australia through its network of Medicare offices and other information and claiming services. Your contribution to the healthcare system is based on your income and is made through taxes and the Medicare levy.

To use and receive the benefits of Medicare you need to be enrolled.

You should register with Medicare about 10 working days after you arrive in Australia.

Please call Medicare on 132 011 to check what documents you need to bring. Fill out an enrolment form available from your local Medicare office or Medicare Australia's web site www.medicareaustralia.gov.au. If you cannot get to a Medicare office or do not have access to the internet, call 132 011.

When you do apply remember to take your passport or travel documentation with you. For newborn babies the hospital will usually provide you with a form, which you can send to Medicare enrolling your new baby as soon as you can to ensure your child is on the Australian Childhood Immunisation Register and the Medicare Safety Net.

More about Medicare

If you meet all enrolment requirements, you will be told your Medicare card number when you enroll. You can use this number in place of your Medicare card until it arrives. (Your Medicare card will be posted to you approximately 10 days later to make sure the information is correct. When you receive your Medicare card double check all the details to make sure that the information recorded is correct). Remember to take your Medicare card with you when you see a doctor, go to hospital or have a prescription filled at a pharmacy. Let Medicare know if you change your address so you will receive replacement Medicare cards and other important information. Always destroy your old Medicare card when you receive a new one.

Register your family for the Medicare Safety Net using a form available at a Medicare office, or online at www.medicareaustralia.gov.au - this is separate from enrolling in Medicare. When going to see a specialist make sure you first get a referral from a general practitioner and take it along with you. Remember to check reciprocal healthcare agreements and what insurance you need when travelling overseas.

Am I eligible to enrol in Medicare?

People who reside in Australia (excluding Norfolk Island) are eligible if they have one of the following:

- Australian citizenship
- A permanent resident visa
- New Zealand citizenship
- Applied for certain permanent resident visas and hold a valid visa with permission to work in Australia or a valid visa with a parent, spouse or child who is an Australian citizen or has permanent resident status.

You might not be eligible for Medicare if you:

- Have a current parent visa application being considered or have a current application for a protection visa and have previously applied for a parent visa
- Have a temporary prospective marriage visa (Fiancé-Subclass 300) - you are not eligible for Medicare until you have had an application for a permanent resident visa accepted by the Department of Immigration and Multicultural Affairs (DIMA).

You will need to have your Medicare card or card number with you when you:

- See a doctor
- Claim a cash benefit at a Medicare office
- Make enquiries when claiming
- Choose to be treated in hospital as a public (Medicare) patient
- Have a prescription filled at a pharmacy.

What does Medicare cover?

The benefits you receive from Medicare are based on a schedule of fees set by the Australian Government. Doctors may choose to charge more than the Schedule fee.

Out-of-hospital services

Medicare provides benefits for:

- Consultation fees for doctors and specialists
- Tests and examinations by doctors needed to treat illnesses, including X-rays and pathology tests
- Eye tests performed by optometrists
- Most surgical and other therapeutic procedures performed by doctors
- Some surgical procedures performed by approved dentists
- Specified items under the Cleft Lip and Palate Scheme.

You can choose the doctor who treats you for services provided out of hospital. To see a specialist you should first obtain a referral from a doctor (general practitioner). If you do not have a valid referral you might not receive Medicare benefits or might only receive a

reduced amount. You do not need a referral for a consultation with an optometrist. Medicare usually pays **85%** of the Medicare Schedule fee for out-of-hospital services other than general practitioner services.

In-hospital services

In Australia there are hospitals funded by government, known as public hospitals. There are also private hospitals, some operate for profit, and others are non-profit.

Public patient

If you choose to be admitted as a public (Medicare) patient in a public hospital, you will receive treatment by doctors and specialists nominated by the hospital. You will not be charged for care, treatment or after-care by the doctor who treated you.

Private patient

If you are a private patient in a public or private hospital, you will have a choice of doctor to treat you. Medicare will pay **75%** of the Medicare Schedule fee for services and procedures provided by the doctors who have treated you. If you have private health insurance some or all of the outstanding balance can be covered.

You will be charged for hospital accommodation, nursing care and items such as theatre fees and medicines. You may also be charged for allied health services such as physiotherapy. Private health insurance can help cover these costs.

What does Medicare not cover?

Medicare does not cover:

- Private patient hospital costs, for example, fees or accommodation
- Dental examinations and treatment
- Ambulance services
- Home nursing
- Physiotherapy, occupational therapy, speech therapy, eye therapy, chiropractic services
- Podiatry or psychology except when part of Enhanced Primary Care Plan
- Acupuncture (unless part of a doctor's consultation)
- Glasses and contact lenses
- Hearing aids and other appliances

- Medicines (except for the subsidy on medicines covered by the Pharmaceutical Benefits Scheme)
- Medical and hospital costs incurred overseas
- Medical costs for which someone else is responsible, for example an employer or a government or government authority
- Surgery solely for cosmetic reasons
- Examinations for life insurance and superannuation.

Some of these services are provided free when you are or have been a public patient in a public hospital. Some may be available free or at a low charge from a State government agency - in some cases only to people on low incomes. You can arrange private health insurance to cover many of these services.

Pharmaceutical Benefits Scheme (PBS)

Always provide your Medicare card or card details when you have a PBS prescription filled. Always show your concession card if you have one. Ask your pharmacist for a prescription record form and keep track of spending for you and your family towards the PBS safety net - your pharmacist might be able to keep a record for you so remember to ask. Be sure to tell the doctor and pharmacist about all the medicine you are taking, including over the counter and herbal

medicine, as they can interact and cause problems. Find out as much as you can from the doctor and pharmacist about any medicines you are taking.

Ask your doctor or pharmacist if there is a less expensive medicine than the one prescribed.

Private health insurance

In Australia there are a range of health insurers and different types of health cover. The Australian Government offers a rebate of up to 30% of the cost of most kinds of private hospital insurance and lifetime health cover to reward people who take out insurance and keep it. When you go to hospital or day surgery, there are also some arrangements where the doctor's services will be covered by your hospital insurance with no gap amount to pay. People who earn more than a certain amount are required to pay a higher Medicare levy if they do not have private hospital insurance.

How do I pay my doctors fees?

Bulk billing

Bulk billing is when your doctor bills Medicare directly, accepting the Medicare benefits as full payment. This means if your doctor bulk bills you cannot be charged a booking fee, administration fee, record keeping or a charge by the doctor's company.

Many doctors bulk bill some of their patients such as pensioners or healthcare cardholders. If your doctor bulk bills you will be asked to sign a completed form after the service and will be given a copy.

Accounts

If your doctor charges you a fee you can pay the full account and then claim the benefit from Medicare. If your doctor allows you to pay later you can do one of the following:

- Claim your unpaid account from Medicare and receive a cheque made out in the doctor's name which you give to your doctor along with any outstanding balance
- Pay the gap straight away, claim your unpaid account from Medicare and send the doctor the cheque made out in their name.

How do I claim from Medicare?

There is a number of different ways that you can claim from Medicare. They are:

Bulk billing

You do not need to claim from Medicare as your doctor will bill Medicare directly.

Medicare offices

Medicare has 238 offices around Australia where claims can be made either over the counter or using the Medicare drop box. No claim form is needed if you have paid the account and claim over the counter for a cash payment. Just make sure you have your receipt and Medicare card.

Your doctor's practice

Where available you can claim your Medicare benefits electronically from your doctor's practice. If you pay your doctors fee up-front you can choose to have your claim processed from the practice and have your benefit paid directly into your bank account. Alternatively a cheque will be sent to you by mail. If you choose to have your benefit paid directly into your account, you will need to provide your bank details.

By mail

You can send your completed claim form, together with the original accounts and receipts, to Medicare, GPO Box 9822 in your capital city. You should **not** send your Medicare card when you are claiming by mail.

By telephone

You can call Medicare and give your claim details. You can then post your receipt and account details. No claim form is required. Medicare begins to process the claim while the documents are in the post. You can call 1300 360 460, 24 hours a day, 7 days a week.

Medicare access points

People living in rural and remote communities have Medicare Access Point facilities in Rural Transaction Centers as well as some state government agencies, pharmacies, post offices, locally based shops and even service stations. To claim you speak directly to a Medicare operator who will take down all of your details and begin processing your claims. Your documents are sent to Medicare and once these documents have been verified, the payment will be made.

Medicare two-way

Medicare two-way allows you to lodge your Medicare claim forms at participating private health funds, and to lodge your private health fund claim forms at Medicare offices. Your claim forms will be forwarded to the relevant organisation to be processed in the usual way. Cash will not be paid.

How will Medicare pay my benefit?

There are a number of ways that Medicare may pay you your benefit.

Electronically

If you have paid in full for your medical service, your Medicare benefit can be deposited directly into your financial institution account. Electronic payment is faster than payment by cheque through the mail. To receive your payment electronically you will need to provide your account details, including the BSB (branch identification number). Medicare claiming is strictly confidential. Your bank details will only be used to deposit your Medicare benefit.

By cash

If you have paid in full for your medical service and you claim at a Medicare office, you can request payment by cash (up to the branch cash limit).

By cheque

If you have not fully paid the account for your medical service, or you do not wish to receive your Medicare benefit electronically or in cash, a cheque will be sent to you by mail. For accounts that have not been paid, a cheque will be sent to you made out in your doctor's name. You should give the cheque to your doctor along with any outstanding balance.

What is the Medicare Safety Net?

If you need to see doctors or have medical tests regularly it could cost you a lot of money. The Medicare Safety Net helps you when you need it most. Once you reach a safety net threshold, visits to your doctor or medical tests will cost you less. See the separate Medicare Safety Net information sheet and registration form for more details.

For more information on Medicare please refer to the website
www.medicareaustralia.gov.au

What other important information do I need to know?

Emergencies

In an emergency you should call 000 (triple zero). Be prepared to provide your name, address and telephone number (if you have one), and the type of service you need.

You will then be connected to the service you require.

Police

In an emergency telephone 000 and ask for the "Police". For non-urgent matters ring your local police station. Their numbers are listed under 'Police stations' in the White Pages telephone directory. There is no charge for police services.

Ambulance

If you need an ambulance telephone 000 and ask for an "Ambulance". Ambulances provide emergency transport to hospital and immediate medical attention. In most of Australia there is a charge for the Ambulance service unless you have a government pension or a Healthcare Card (given by Centrelink to people assessed as low income earners).

Ambulance attendance and transport can be expensive if you do not have these benefits, so you may wish to become an ambulance member or join a private health insurance fund, which covers the cost.

Fire

In an emergency telephone 000 and ask for the "Fire Brigade". In non-urgent cases you can use the telephone number listed under 'Fire Stations' in the White Pages telephone directory.