

My eye health journey – patient information

## Gaps and gap cover explained

Taking out private health insurance cover rarely means you will be covered for all expenses when you need private hospital care. There are likely to be gaps.



### What is a gap?

A medical 'gap' is any out-of-pocket cost a patient incurs for their medical treatment. The gap is the difference between the total fee charged by a doctor, the health fund benefit a patient receives as part of their private health insurance cover, and any Medicare rebate the government has in place for the treatment.

Doctor's fee



health fund benefit  
+ Medicare rebate



gap  
(out-of-pocket cost)



### TIP check with your health fund

Contact your health fund before you receive hospital treatment to find out if you are covered for the specific procedure you are having and for the associated hospital costs.



## Standard private billing (i.e. when there is NO gap cover arrangement)

If there is no gap cover arrangement in place a patient may incur out-of-pocket expenses that the health fund does not cover. These expenses are agreed between the doctor and the patient.



### What is 'no gap' cover?

If your doctor charges above the Medicare rebate, but under or up to your insurer's 'no gap' threshold, you'll be covered with no extra fees to pay.

### What is a 'known gap' cover?

When a health fund has a known gap cover arrangement in place with a doctor, there may be out-of-pocket expenses for the patient, but these will be capped.

Medicare

PHI

Doctor's fee can vary

**You have to pay this amount:**

**GAP**

## TIP Ask for informed financial consent

Prior to your hospital treatment or procedure, make sure to ask your ophthalmologist for a written informed financial consent statement that lists all costs involved.

