

# Medical Gap Claim/Doctor Account



## Section 1 – Practice and patient details

Practice name		
Practitioner	Provider number	
Address		
Suburb/city	State	Postcode
Patient name	Date of birth / /	
Medicare number		
Card reference number	Member number	

## Section 2 – Account details (if account is submitted with this claim form, Section 2 does not need to be completed)

MBS/MBAC item number	Description of service	Number of patients seen	Date of service	Provider number	Charge
			/ /		\$
			/ /		\$
			/ /		\$
			/ /		\$
<b>Total</b>					<b>\$</b>

## Section 3 – Referral details

Period <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> Indefinite	Referral date / /
Referring provider	Provider number
Address	
Suburb/city	State Postcode

## Section 4 – Applicable service conditions

Compensation related?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Related services
Part of a multiple procedure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Related services
Referred within the hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Related services
Designated "not normal aftercare"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Related services
Considered "not for comparison"?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Related services
Self determined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Related services
Performed on separate sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Related services

## Declaration

I declare that the services listed above or as detailed on the attached account/s were provided by me or on my behalf. The services were rendered to the patient whilst a private in-patient of a hospital or approved day hospital facility. This medical clinic agrees to invoice GMHBA Limited directly for the services listed above, or as detailed on the attached account, and acknowledges that the collection of any patient balance (ie. not covered by Medicare or GMHBA Limited) shall be my responsibility. The patient has been advised in writing of the expected patient balance on the anticipated services prior to the procedure where a patient balance is payable.

Signature of practioner or authorised person	Date / /
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## Gap Medical Benefits

### Patient information

GMHBA's medical gap cover is a billing system that provides higher benefits than the scheduled fee which will reduce or even eliminate your out-of-pocket costs for doctor or specialist fees when treated in hospital.

#### What is a scheduled fee (MBS)?

The Federal Government has created a schedule of fees (Medicare Benefits Schedule) set for eligible services by doctors in a hospital or day surgery. Medicare pays 75% of this scheduled fee for in-patient medical treatments and GMHBA pays the other 25%, up to 100% of the Medical Benefit Schedule (MBS) fee.

#### Gold, Silver and Bronze Hospital

In the event that your doctor chooses to use GMHBA's medical gap cover and where the actual fee for the anticipated service is greater than the MBS fee, an additional medical gap benefit will be paid equal to 20% of the MBS fee for each service.

#### Our medical gap cover options

If your doctor or specialist is one of more than 14,000 who choose to participate in GMHBA's medical gap cover system, two options are available for our hospital products:

##### Option 1 – Known Gap

Your doctor chooses to use GMHBA's medical gap cover system and charges a known patient gap (an amount higher than the scheduled fee). To participate, your doctor must inform you in writing of the cost of the anticipated services, the Medicare and GMHBA benefits and the patient gap before any treatment commences. They must bill us directly for the GMHBA and Medicare benefits. We will arrange to pay these benefits direct to your doctor and all you will need to pay is the known gap.

##### Option 2 – No Gap

If your doctor chooses to use our medical gap cover and not charge a patient gap, your GMHBA benefit and the Medicare benefit will fully cover the doctor's charges. In these instances, your doctor will bill us directly and you will pay nothing.

#### Multiple doctors

If other doctors are involved in your treatment (such as anaesthetists) you should ask GMHBA, your doctor or the other medical professionals if they will be using GMHBA's medical gap cover system. If they choose not to, you will still receive a combined Medicare and GMHBA benefit of up to 100% of the MBS fee and (if applicable) any GMHBA member 'Connect Rewards Plus' dollars you may have accrued for medical out of pocket costs that exist. The participation in GMHBA's medical gap cover by any medical practitioner is not a recommendation or endorsement by GMHBA of that practitioner.

#### Platinum Hospital

GMHBA's Platinum Hospital product provides medical gap cover regardless of whether your doctor participates or not. Where the actual fee for the anticipated service is greater than

the MBS fee, an additional medical gap benefit will be paid for you, which in most cases will be in excess of 20% of the MBS fee for each service, as paid under our Gold, Silver and Bronze Hospital covers. The additional medical gap benefit under the Platinum Hospital cover will vary by eligible service, please contact GMHBA prior to treatment to determine your additional medical gap cover benefit.

**Please note:** Additional medical gap benefits may not be payable towards the cost of imaging or pathology services.

Contact GMHBA on 1300 446 422 for details.

**Important :** This information is provided as a guide only. Before you have any treatment, we suggest you contact us for the most up to date information.

## Gap Medical Benefits

### Practitioner procedure

The procedure for private GMHBA patients who are to be admitted to a hospital is as follows:

1. The patient must be informed of the likely out of pocket expenses on the anticipated services if the fee to be charged exceeds 120% of the CMBS fee.
2. The practitioner completes a claim form for each patient. It is important that the current Medicare card number, Medicare card patient reference number and the Medicare card expiry date are correctly recorded. If the information is incorrect Medicare will reject the Medicare benefit. Completion of section 2 (account details) is optional. The practitioner may either record service details on the claim form, or attach an account to the claim form. The practitioner, or a person authorised by the practitioner to sign on his/her behalf, must sign the claim declaration.
3. The claim, and if applicable, the attached account/s, is then forwarded to GMHBA Limited at: GMHBA, Claim Processing, PO Box 761, Geelong, Vic 3220.
4. The fund will claim the Medicare component. When the payment is received from Medicare (Department of Human Service), the fund will then process the fund portion and forward a payment for the total Medicare and fund benefit direct to the practitioner together with a reconciliation statement. The patient will receive a benefit statement detailing the medical benefits paid in the relevant period.
5. The collection of any patient balance is the practitioner's responsibility.

Gap Cover is included in all GMHBA Hospital tables. Your participation will ensure that our member/your patient will receive the additional Gap Cover benefit.