

Questions to ask your private health insurer

Most cancer services are offered in both the public and private sector. If you choose to be treated as a private patient, it is important you understand your private health insurance coverage to help reduce unexpected out-of-pocket costs. Out-of-pocket costs, also known as 'gap payments', are influenced by how much your health professional charges, the type of private health insurance cover you have, and any arrangements between the health professional or hospital and the private health insurer. Therefore, the cost you pay varies depending on the procedure you have, who performs it and where.

- What does my private health insurance policy cover? Do I have to serve a waiting period?
- Will I need to pay an excess, co-payment or any other charge?
- Does the health professional who will treat me participate in the gap cover scheme for this procedure? If so, what is this arrangement?
- Does the hospital where I will be treated participate in the gap cover scheme? If so, what is this arrangement?
- Are there any other arrangements which will affect any co-payments I'm required to pay?
- Which private facilities will do the procedure under a no or known gap arrangement?

Ask your health professional to provide you with the following information to assist in the conversation with your private health insurer:

- Medicare Benefits Schedule item numbers for your expected procedures
- The name of the hospital, including the procedure that will be performed
- If they participate in your private health insurers gap scheme (no-gap or known gap)
- Details of other health professionals involved in the treatment, such as anaesthetists or surgical assistances who may bill separately

