



Medicare

What is Medicare?

Medicare is a program run by Medicare Australia that makes sure all Australians have access to free or low-cost medical, optometrical and hospital care, while also 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, participating 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. Your Medicare levy or contribution to the health care system is based on your income and is made through taxes.

Medicare is administered by Medicare Australia through its network of Medicare offices and other information and claiming services.

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.

Am I eligible?

If you live anywhere in Australia you are eligible for Medicare if you have:

- Australian citizenship
- a permanent resident visa
- New Zealand citizenship
- an application 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 holds permanent resident status.

Note: Norfolk Island does not participate in the Medicare program. Australian citizens who have been living in Australia and move to Norfolk Island will be eligible for Medicare on return visits for up to five years.

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(e)—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 Citizenship (DIAC).

What does Medicare cover?

Medicare provides benefits for a range of out-of-hospital and in-hospital services.

Out-of-hospital services

Services that attract a benefit include:

- 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 Cleft Palate Scheme.

You can choose the doctor who treats you for services provided out-of-hospital. To see a specialist you need a referral from a doctor (specialist or 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 per cent** 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 and there are also private hospitals.

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 treating doctor.

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 per cent** 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.

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 per cent 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.

If you earn more than a certain amount, you will pay a higher Medicare levy if you do not have private hospital insurance.

How do I enrol in Medicare?

You need to enrol in Medicare in person at a Medicare office. If you live in a remote area, or there are genuine reasons you can not get to a Medicare office, you may post your application, together with original or certified copies of your documents and your reasons for not being able to attend in person, to GPO Box 9822 in your capital city. You will need to produce a passport or travel document for each person enrolling in Medicare.

Migrants and applicants for permanent resident status (including applicants for a permanent protection visa) will need to provide certain documentation.

- For migrants (holders of permanent residency)—passport and valid visa.
- For applicants for permanent residency—passport, valid visa and any associated documents from the Department of Immigration and Citizenship.

It is recommended you wait **one week after you arrive** in Australia before enrolling to allow time for Medicare to receive your visa details from the Department of Immigration and Citizenship.

A Medicare service officer will help you to enrol. If you need language assistance, the Medicare service officer can make arrangements or you can call the Translating and Interpreting Service (TIS) on **131 450***.

New Zealand citizens

If you are a New Zealand citizen requesting enrolment as a permanent resident, you need to bring:

- a New Zealand passport with a Department of Immigration and Citizenship entry stamp into Australia
- documents proving you have severed ties with New Zealand or proving your residency in Australia, and in some cases both.

Where it is not possible to prove residency, New Zealand citizens who have been living in New Zealand before coming to Australia are entitled to medically necessary treatment under the Reciprocal Health Care Agreement. This includes treatment as a public patient in a public hospital, outpatient services and prescription medicines which are subsidised under the Pharmaceutical Benefits Scheme. Eligible persons under this agreement are not enrolled in the Medicare program.

Newborn babies

To simplify the process for enrolling a newborn baby, the hospital can help new parents fill in a form to be sent to Medicare. Babies enrolled in Medicare are also automatically registered on the Australian Childhood Immunisation Register.

Australian citizens returning from overseas

If you are an Australian citizen who is returning to Australia after being overseas for more than five years, you will need to provide:

- proof of your Australian citizenship
- documents to support your residency in Australia or your severing of ties with the previous country of residence, and in some cases both.

When will I receive my Medicare card number?

If you meet all enrolment requirements, you will be given your Medicare card number when you enrol. You can use this until your Medicare card arrives. Your Medicare card will be posted to you within 10 working days. When you receive your Medicare card, check the details to make sure the information is correct.

Having a valid Medicare card is important—make sure Medicare always has your current address so you can receive replacement Medicare cards and other important information.

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.

How do I claim from Medicare?

There are many different ways you can claim your benefit from Medicare.

Bulk billing

Bulk billing is when your doctor bills Medicare directly, accepting the Medicare benefits as full payment for a service. If your doctor bulk bills, you cannot be charged for additional items such as a booking fee, administration fee, record keeping or bandages. However, there may be additional charges for certain vaccines.

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

At your doctor's practice

Many doctors now offer Medicare electronic claiming, letting you claim your Medicare benefit electronically from your doctor's practice.

If your doctor offers Medicare electronic claiming, practice staff can lodge your claim with Medicare through a secure internet connection or through the practice's EFTPOS terminal using your EFTPOS card.

Your benefit will be paid into your bank account within three working days, depending on the claiming system your doctor uses.

You can register your bank account details with Medicare Australia to make Medicare electronic claiming even easier. This can be done by filling out the *Bank account details collection* form at the back of this section, at a Medicare office, at **www.medicareaustralia.gov.au** or by calling **132 011***. It is also important that your doctor has your correct Medicare number and address details.

Online

You can now lodge some Medicare claims online through our Online Services. You can submit claims for anyone listed on your Medicare card. If you've registered your bank account details with us your benefit will be paid conveniently into your account within 2–3 days.

If you aren't able to claim your benefit from your doctor's practice, claiming online at a time and place that suits you may be the most convenient way for you to claim from Medicare.

Some GP consultations can be claimed online. Currently, you can claim the following item numbers online—Item 3, Item 23, Item 36, Item 53 and Item 5020. Item numbers consist of one to five digits and will be listed on your account.

There are daily and monthly claiming limits—you can claim a maximum of \$250 per day or \$550 per 30 days per Medicare card and bank account.

* The monthly limited is calculated as a 30 day rolling limit.

Telephone

Call **1300 360 460***, give your claim details and then send your receipt and accounts to:

Medicare Australia

GPO Box 9822

in your capital city

No claim form is needed. Medicare starts to process your claim while the documents are in the mail. Once they have been verified, the payment will be made. You can call **1300 360 460***, 24 hours a day, seven days a week. When you claim by phone your benefit will be paid electronically into your bank account or a cheque will be sent to you.

Medicare offices

Medicare has 239 offices around Australia where claims can be made either over the counter or using the Medicare drop box. You may not need to fill in a claim form when claiming in an office, just make sure you have your receipt and Medicare card. When you claim in an office you can get your benefit paid in cash or electronically into your bank account.

By mail

You can send your completed claim form, together with the original accounts and receipts to:

Medicare Australia

GPO Box 9822

in your capital city

Do not send your Medicare card when you claim by mail.

Forms are available from **www.medicareaustralia.gov.au** or any Medicare office. When you claim by mail your benefit will be paid electronically into your bank account or a cheque will be sent to you.

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. If you claim through Medicare two-way your benefit will be paid electronically into your bank account or a cheque will be sent to you.

What is the Medicare Safety Net?

If you need to see a doctor or have tests regularly you could end up with high medical costs. The Medicare Safety Net is designed to help you when you need it most. Once you reach a Medicare Safety Net threshold, visits to your doctor or having tests could end up costing you less.

The Medicare Safety Net covers you for **out-of-hospital expenses**. Services you have in hospital or are bulk billed are not covered by the Medicare Safety Net.

Do I need to register?

Individuals are automatically registered—just keep your contact details up-to-date with Medicare.

All **families and couples** need to register. Even if all of your family is listed on your Medicare card, you still need to register for the Medicare Safety Net.

- Each family member needs to be identified so their out-of-hospital medical costs can be counted towards your family's Medicare Safety Net.
- You only need to register your family once.
- Registering is free.

Note: for Medicare Safety Net purposes, a family consists of:

- a couple legally married and not separated, or a couple in a de facto partnership with or without dependent children, or

- a single person with dependent children.

How do I register?

You can register:

- by filling in the form attached to this pack
- in person—at a Medicare office
- over the phone—call **132 011***
- online—**www.medicareaustralia.gov.au**

How do I know if I am nearing the threshold?

Medicare will contact you when you are nearing the threshold. To check your Medicare Safety Net balance:

- visit **www.medicareaustralia.gov.au/online**
- visit your local Medicare office
- call **132 011***.

What are the benefits for me?

As an example, if you reach a Medicare Safety Net threshold and then visit your doctor who charges you \$65, you will receive your Medicare benefit of \$34.30. You will also receive 80 per cent of your out-of-pocket costs, giving you an extra \$24.60 in your pocket. So in this example, it will only cost you \$6.10 to visit your doctor.

Medicare Safety Net thresholds as at January 2010

Threshold	Who it is for	How it is calculated	Benefit to you
\$399.60 [†]	All Medicare cardholders	Based on gap amount	100% of schedule fee
\$578.60 [†]	Commonwealth concession cardholders Families receiving FTB(A)	Out-of-pocket costs	80% of out-of-pocket costs for out-of-hospital services
\$1157.50 [†]	All Medicare card holders	Out-of-pocket costs	80% of out-of-pocket costs for out-of-hospital services

[†]This figure is adjusted in line with the Consumer Price Index (CPI) on 1 January each year.

Out-of-pocket costs—the difference between the Medicare benefit and what the doctor charges you.

Gap amount—the difference between the Medicare benefit and the schedule fee.

Schedule fee—a fee for service set by the Australian Government.

What services count towards the Safety Net?

Some examples of services where costs count toward the Safety Net are:

- general practitioner and specialist consultations
- ultrasounds
- psychiatry
- CT scans
- radiotherapy
- tissue biopsy
- blood tests
- x-rays
- pap smears.

Information for grandparents and carers

Can I make a claim for medical expenses I have paid for a child I am caring for?

Yes, as a grandparent or carer you can claim Medicare benefits for medical expenses you have paid for the child you are caring for—all you need to do is present your account to Medicare to collect the benefit.

Do I need to have the child registered on my Medicare card to make the claim?

No, you do not need to have the child enrolled on your Medicare card to make a claim for medical costs you incurred.

Do I need to have the Medicare card that the child is registered on?

The child does need to be enrolled with Medicare and registered on a Medicare card. However, you do not need to have their Medicare card with you to claim the benefit. The doctor may ring Medicare Australia's enquiry line on **132 150*** and request the child's Medicare card number and use this on a bulk bill claim. If the doctor issues an account, a service officer at your local Medicare office will help you claim.

Can I add the child to my Medicare card?

Grandparents and carers may request to have the child/children copied on to their Medicare card, though it will be necessary to provide documentation to support their request. Documents from the Court and relevant state Department of Community Services can be used for proof that the child/children are in dedicated care.

A child cannot be removed from a parent's Medicare card without the authority of the parent. However, where a child is in the primary care of a person other than a parent, they may be enrolled on that person's Medicare card or enrolled on a Medicare card of their own when they reach 15 years of age.

Can I add the child to my Medicare Safety Net registration?

It is important to know that the Medicare Safety Net has some limitations about whether a child can be registered under the grandparent's Medicare Safety Net registration. A child can only be registered on a maximum of two Medicare Safety Net registrations.

If the parents have two separate registrations and the child is registered on each, then the child cannot be registered on the grandparent's Medicare Safety Net registration.

Since there are a number of different situations, grandparents should contact Medicare to confirm their entitlement to having their grandchild added to their Medicare card and/or Medicare Safety Net registration.

Summary checklist

Use this checklist to make sure you know all about Medicare.

- Call **132 011*** to check what documents you need to bring with you when you enrol.
- Fill out an enrolment form available from your local Medicare office, **www.medicareaustralia.gov.au** or by calling **132 011***.
- If you are a migrant or an applicant for permanent resident status (including applicants for a permanent protection visa) you will need to wait one week after your arrival in Australia before enrolling in Medicare. Remember to take your passport or travel documentation with you when you enrol.
- For newborn babies, the hospital will help you enrol your baby in Medicare.
- When you first receive your Medicare card, check all the details to make sure the information is correct.
- Destroy your old Medicare card when you receive a new one.

- ☑ Remember to take your Medicare card with you (and your concession card if you have one) when you see a doctor, go to hospital or have a prescription filled at a pharmacy.
- ☑ Tell Medicare if you change your address to make sure you receive replacement Medicare cards and other important information.
- ☑ Register your family for the Medicare Safety Net using the form in this kit, at a Medicare office, or at **www.medicareaustralia.gov.au**—this is separate from enrolling in Medicare.
- ☑ Register your bank account details with Medicare Australia so you can use Medicare electronic claiming.
- ☑ When going to see a specialist, make sure you first get a referral from a specialist or general practitioner and take it with you.
- ☑ Remember to check reciprocal health care agreements and what insurance you need when travelling overseas.

For more information on Medicare

Online **www.medicareaustralia.gov.au**

Email **medicare@medicareaustralia.gov.au**

Write **Medicare Australia**
GPO Box 9822
in your capital city

Call **132 011***

TTY **1800 552 152**** (hearing and speech impaired)

TIS **131 450*** (Translating and Interpreting Service)

* Call charges apply.

** Call charges apply from mobile and pay phones only.