

Going to hospital

Defence
Health



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Contents

Introduction	1	Exclusions	6
Before you go to hospital	1	<i>What costs will I incur?</i>	6
Check your cover	1	Choosing your hospital and medical provider	6
Talk to your doctor	1	<i>Provider search</i>	6
Understand what's covered	2	<i>Agreement hospitals</i>	6
<i>Inpatient services</i>	2	Going to hospital checklist	7
<i>Outpatient services</i>	2	After your hospital stay	8
What's not covered?	2	Hospital in the home	8
If you have a Veteran Card	2	Rehabilitation in the home	8
Going to hospital	3	Home nursing	8
Choosing to be admitted to a private or public hospital	3	Extras cover	8
Elective surgery	4	How to submit your claim	9
Going to hospital in an emergency	4	Claiming your hospital services	9
<i>What if I want to go to a private hospital emergency department?</i>	4	Claiming your medical services	9
<i>Is my ambulance service covered?</i>	4	<i>Claiming Inpatient services after hospital admission</i>	9
Understanding the out-of-pocket costs	5	<i>Claiming outpatient services</i>	9
Hospital costs	5		
<i>Agreement hospitals</i>	5		
Medical costs	5		
<i>Medicare Benefit Schedule</i>	5		
<i>Access Gap</i>	5		
<i>Prosthesis costs</i>	6		
<i>Diagnostic services</i>	6		

Introduction

At Defence Health, we want to make it as easy as possible for you to understand how going to hospital works. So you can focus on what's important – your health and recovery.

Going to hospital, whether planned or in an emergency, can be a confusing time – particularly if it's your first hospital visit. This guide helps you to make sense of what's involved in a hospital procedure from planning your hospital visit right through to what's included and how you can claim your costs.

Before you go to hospital

Check your cover

Planning your hospital visit and being fully aware of your condition, treatment options and costs will help to ensure a smooth and hassle-free experience.

Before you make any decisions about your hospital or procedures, check exactly what your level of cover includes and that you have served any waiting periods (including pre-existing conditions).

Log in to your Member Portal to review your cover and access your Membership Certificate. For more information, refer to your Product Guide or give us a call on 1800 335 425.

Talk to your doctor

Your doctor or specialist should provide you with information and advice about your condition, treatment options, details around what will happen during your hospital stay, recovery as well as costs.

Here are some points to discuss with your doctor – before going to hospital

- ▶ Check that your treatment or procedure falls within a clinical treatment category that is included in your level of cover. Ask your doctor or specialist for the Medicare Benefit Schedule item numbers for the procedure. Your doctor's charges for the treatment should be provided to you (in writing) before going to hospital. Any out-of-pocket expenses should be clearly indicated to you so you can give your informed financial consent to undergo treatment.
- ▶ Ask if your doctor will participate in the Access Gap scheme to eliminate or reduce your out-of-pocket costs.
- ▶ Ask if other doctors or specialists (such as an anaesthetist or assistant surgeon) will be involved in your procedure and if they will use Access Gap.

Remember, you can call us on 1800 335 425 if you want to chat about your hospital cover and options. We're here to help.





For more information, refer to your Product Guide or give us a call on 1800 335 425.



Understand what's covered

Inpatient services

When you are admitted to hospital for treatment, you become an inpatient. When you are an inpatient, Defence Health will cover the agreement hospital charges for your care (less a policy excess, if applicable). The medical charges which are separate to the hospital for eligible clinical treatment while an inpatient, are claimed through Medicare and, if covered under your policy, by Defence Health. Medical charges can include the costs of medical specialists, surgeons, assistant surgeons, anaesthetists, physiotherapists, pathologists and radiologists.

Outpatient services

An outpatient service is when you are referred to a specialist for a consultation about your medical condition. Or when you see the specialist in the weeks after a hospital admission or have a minor procedure in the specialist's rooms at the hospital. You are not an admitted inpatient in the hospital for these outpatient appointments.

Private health insurers, including Defence Health, cannot pay benefits towards outpatient services. Eligible outpatient services with a Medicare item number can be claimed through Medicare.

What's not covered?

Your private hospital cover with Defence Health does not include the following:

- ▶ Any clinical categories of treatment excluded from your cover
- ▶ Treatment received while serving a waiting period (including pre-existing conditions)
- ▶ Treatment provided at an emergency department of a hospital
- ▶ Treatment for which a Medicare benefit is not payable, e.g. most cosmetic surgery
- ▶ Treatment in doctors' rooms or specialist tests as an outpatient
- ▶ Surgery by a non-accredited podiatric surgeon
- ▶ Private midwifery fees if a doctor is required to intervene in the delivery.

Check your Product Guide for your included and excluded clinical treatment, as well as other situations where benefits cannot be claimed. If you're unsure of whether you're covered, please contact us.

If you have a Veteran Card

If you have a Department of Veterans' Affairs (DVA) Veteran Card, you may be able to claim treatment for accepted conditions through DVA. For more information, please **contact DVA** before claiming with Defence Health.

Going to hospital

Choosing to be admitted to a private or public hospital

You should know exactly what you're covered for and be aware of any out-of-pocket expenses you may need to pay. It's best if you can make decisions about your care and payments before you get to hospital, so that when you arrive you can focus solely on your treatment and recovery.

If you want to discuss your specific circumstances, please give us a call and we can help you make an informed decision.

The table below outlines the key differences between your hospital admission options.

	Private patient in a private hospital	Private patient in a public hospital	Public patient in a public hospital
Timing of treatment	You will receive treatment as soon as you and your specialist are ready.	You will receive treatment as soon as you and your specialist are ready.	Dependent on when a place is available on the public hospital waiting list. Waiting lists for elective surgeries can be long.
Choice of specialist	You can choose your specialist.	You can choose your specialist. If you're admitted in an emergency, you may not be able to choose.	No choice. You will be treated by a doctor appointed by the hospital.
Choice of hospital	You can choose your hospital, depending on your specialist and where they work.	You can choose your public hospital, depending on your specialist and where they work.	Some choice may be available amongst the public hospitals that your specialist works at. This also depends on when a place becomes available on the public waiting list.
Access to private room	You will have access to a private room, subject to availability.	You will have access to a private room, subject to availability and your clinical needs.	Depending on the public hospital you're being treated at you may have access to a private room.
Will I have to pay for my hospital accommodation?	No, Defence Health will cover your hospital accommodation fees in agreement hospitals.*	Possibly. You may be charged extra for a private room.†*	No, Medicare will cover all of your hospital accommodation fees.
Will I have to pay any specialist(s) fees?	Possibly. Medicare and Defence Health will cover all of your specialist(s) fees, up to the MBS fee. If your doctor charges more than the MBS fee, this may be covered by Access Gap.	Possibly. Medicare and Defence Health will cover all of your specialist(s) fees, up to the MBS fee. If your doctor charges more than the MBS fee, this may be covered by Access Gap.	No, Medicare will cover all of your specialist(s) fees.

This information assumes that you are fully covered for the treatment needed and all waiting periods have been served.

†If the hospital charges are greater than the Defence Health benefit, you will have an out-of-pocket expense.

*Subject to any excess on your policy and that you have the appropriate level of cover for your treatment.

Elective surgery

Many common surgeries are classified as elective, meaning they are procedures that are scheduled in advance because they don't involve urgent clinical need. In the public system, the waiting lists for elective surgery can be long, so chat to your doctor if you are concerned about this.

If you don't mind waiting for your surgery, or if your surgeon only operates out of a public hospital, you can choose to be treated as a public patient in a public hospital and not claim on your private health insurance.

As a private patient in a private hospital, you're more likely to receive treatment sooner. And you can choose your preferred doctor and contracted private hospital or same-day facility. If your doctor uses our Access Gap scheme you can eliminate or reduce your out-of-pocket expenses.



Going to hospital in an emergency

In an emergency situation, you will generally attend the nearest public hospital accident and emergency department equipped to deal with your needs.

In hospital emergency departments, patients are treated as outpatients. An outpatient is a patient who attends hospital for diagnosis and care but doesn't need to be formally admitted. All Medicare cardholders can be treated at a public hospital accident and emergency department at no charge. Private health insurance funds are not allowed to cover accident and emergency department treatment costs.

If you need additional hospital care after your initial assessment, you may be admitted to the hospital as an inpatient. In this situation, all Medicare cardholders can be treated as a public patient in a public hospital at no charge to them or their health fund. You can also choose to be treated as a private patient at a public hospital, though you may not receive any additional benefits over other patients admitted through the public system, and you may incur additional costs. For more information about being admitted as a private or public patient, see Choosing your hospital on page 4.

What if I want to go to a private hospital emergency department?

Defence Health does not pay a benefit for emergency department fees for private or public hospitals. We will only pay for your hospital expenses if you are admitted to hospital as an inpatient.

Is my ambulance service covered?

If you need to be taken to hospital by ambulance, Defence Health will cover the full cost of the ambulance service.

All Defence Health products provide 100% ambulance cover when treatment is provided by a state appointed ambulance service within Australia. And there's no limit on the number of times you can use the ambulance service when needed, including emergency services, on-the-spot treatment, mobile intensive care and air and sea ambulance services.

Transport services by Patient Transport vehicles are not ambulance services and are not claimable.

Understanding the out-of-pocket costs

Private health cover can help with the hospital and medical costs of your treatment while admitted to hospital.

Your level of cover determines what kinds of treatment we'll pay for. Check your Defence Health Product Guide to make sure you've got the right level of cover for the treatment you need.

Always ask your specialist about the cost

Your medical specialist must provide you with a written estimate of the cost of your treatment before you are admitted to hospital. It will include a breakdown with the Medicare benefit, the amount your private health insurance will cover, and any out-of-pocket expense you will have to pay. With this information, you can give your informed financial consent to the specialist's charges.

Hospital costs

While you are admitted to hospital, your accommodation, meals, nursing care and theatre fees will be charged directly to Defence Health. If a hospital excess applies, you will need to pay this to the hospital at the time of your admission. Children are not charged an excess.

Agreement hospitals

Defence Health has contracts with most private hospitals – these are called 'agreement hospitals'. These agreements ensure that an agreed schedule of fees is charged by the hospital and paid by Defence Health on your behalf.

If you choose a non-agreement private hospital, you may incur out-of-pocket expenses for hospital-related services.

Medical costs

Medical services provided in hospitals by doctors, surgeons, anaesthetists, radiologists and pathologists are charged separately from the hospital costs. If your doctor chooses to charge more than the **Medicare Benefits Schedule** of fees and does not use **Access Gap**, you may have an out-of-pocket or 'gap' to pay.

Medicare Benefit Schedule

The **Medicare Benefits Schedule (MBS)** is a government list of medical services, each with a set fee (called the *schedule fee*).

For inpatient doctor services—like surgeons or anaesthetists:

- Medicare and Defence Health will together cover up to 100% of the MBS fee.
- If your doctor charges more than the MBS fee, you'll pay the gap (unless your doctor participates in the Access Gap scheme).

Your doctor or specialist should inform you of the MBS codes relating to your procedure, by way of an invoice and/or their financial consent form.

Access Gap

Defence Health's Access Gap scheme is a benefit that reduces or eliminates the 'gap' that can apply for hospital admissions.

Under Access Gap, Defence Health will pay higher benefits for your medical procedure, up to certain limits. In return, your doctor agrees to charge a lower amount. If your doctor chooses to participate in Access Gap, Defence Health will either:

- cover the gap completely, or
- reduce the gap so that you only have a reduced amount to pay (your doctor should tell you exactly how much you have to pay).

Doctors who participate in Access Gap will generally send their account directly to us. This means that your doctor is paid faster and that you don't need to worry about paperwork. If your doctor sends the bill to you, just send it on to us



Prosthesis costs

A prosthesis is an artificial or substitute component, such as a pacemaker, defibrillator, cardiac stent, cochlear implant or joint replacement.

For most surgical procedures requiring a prosthesis, your doctor will discuss with you the choices available. If you choose a no-gap prosthesis from the Government's Prescribed List, it will be fully covered by Defence Health.

Other 'non-listed' prostheses may be available for your surgery. If you agree to have one of these, you may need to pay the gap.

To make sure you're getting the right prosthesis for your needs, discuss your options with your specialist and ask for a written estimate of any out-of-pocket costs.

Diagnostic services

Defence Health has negotiated no-gap agreements with a number of diagnostic service providers, such as radiologists and pathologists. If your diagnostic service has been provided under such an arrangement, the bill will be sent directly to Defence Health for processing.

If there is no agreement with the provider, you may need to pay a gap for the services.

Exclusions

There are some hospital and medical costs we can't cover because of government legislation. And there are some situations where you might have an out-of-pocket expense. Here's a summary of the costs and what is not covered when admitted to hospital as a private patient.

What costs will I incur?

You may incur out-of-pocket expenses for:

- Costs for treatments not covered by Medicare or not covered under your level of cover
- Doctors' fees in excess of the Medicare Benefits Schedule fee, unless covered by Access Gap (for more information refer to Access Gap on page 6)
- Pharmacy not covered under the agreement with the hospital
- Exceptionally expensive drugs
- Take-home items such as crutches
- Personal expenses, such as phone calls, newspapers, TV hire that are not covered under the agreement with the hospital

Choosing your hospital and medical provider

Provider search

Use the Defence Health **Provider Search** tool to locate providers by location, type, name, specialty or treatment.

The tool can also give you information on providers who may be prepared to use the Access Gap scheme to lower your out-of-pocket expenses. If a provider does not agree to participate in Access Gap, you have the right to choose a doctor who will.

Agreement hospitals

We have agreements with more than 500 private overnight and same-day hospitals, giving you choice and convenience.

Going to hospital checklist



Before you go to hospital, check that you have the answers to the following questions from your hospital, your doctor and from Defence Health.

Defence Health

- Is my treatment included in my current level of cover?
- Have I served all necessary waiting periods (including pre-existing conditions)?
- Are my premium payments up to date?
- Do I have an excess? If so, how much is it?
- Have I chosen an agreement hospital?

The hospital

- What time will I need to arrive at hospital?
- What pre-admission paperwork is required, and can I complete this before arriving at hospital?
- How do I pay my excess?

Your doctor

Condition and treatment

- What is my condition and why do I need treatment?
- What can I expect from the treatment?
- Are there any other treatment options?
- Where can I find out more information about my condition and treatment options?
- Are there any risks with my procedure?
- How long will I be in hospital?
- What will my recovery be like?
- Does my procedure need to be scheduled immediately or can it wait?
- Who will be involved in my procedure?

Costs

- What costs can I expect?
- Can I have an estimate of the costs?
- Will you use Defence Health's Access Gap program to reduce or eliminate my out-of-pocket expenses?
- If any other doctors/specialists are involved in my procedure, will they use Access Gap?
- If I need a prosthesis, will there be out-of-pocket expenses?
- How do you charge, what bills will come to me and what will go to Defence Health?

Recovery

- How do I know if my recovery is on track?
- How long will my recovery take?
- What symptoms should I look out for if I think there's a problem?
- Who should I contact if I need help?
- What medication do I need to take?
- When can I drive/exercise/return to work?
- Are there any specific instructions for my recovery?
- Will I need physiotherapy or other rehabilitation services?
- When should I make follow-up appointments with my GP/specialist?
- Is there any food or drink I should avoid?

After your hospital stay

You may be referred to additional services following your hospital stay to assist your recovery. Your hospital cover may pay benefits for these services, if they are available in your area, you meet the clinical criteria and your doctor recommends it for you.

Defence Health offers benefits for some services to help provide the recovery care you need in the comfort of your own home. Please get in touch with us to check what is included on your level of cover.

Hospital in the home

If your doctor agrees, you may be able to leave hospital early. You'll still be an admitted patient of the hospital, but you'll receive your care at home (or in a nominated place).

Receiving health care services in the privacy and comfort of your own home can make a big difference to your quality of life. Please get in touch with us to check what is included on your level of cover.

Rehabilitation in the home

After your hospital treatment, you may be eligible for rehabilitation at home as an alternative to in-hospital or outpatient rehab. This could include physiotherapy, occupational therapy, speech pathology, nursing and the coordination of this care in the home.

Members with eligible Defence Health cover can participate in the program where their doctor considers it appropriate. The length of your program will be worked out by your doctor based on your health needs and will usually have no out-of-pocket expenses. You will need a referral from your doctor or hospital before you can be admitted to the rehabilitation at home program.

Home nursing

Defence Health can pay for a Registered Nurse in a private practice to care for you in your home (if your cover includes this). Your doctor will arrange this with us if they believe you'll recover faster with a little extra care at home.

Extras cover

Defence Health extras cover can also help with the cost of a wide range of health and wellbeing providers like the dentist, chiropractor and physiotherapist.



How to submit your claim

Claiming your hospital services

When you're discharged from hospital, Defence Health will generally settle your account directly with the hospital. You should only be required to pay any applicable excess or incidentals during your admission.

Claiming your medical services

Claiming Inpatient services after hospital admission

Medical providers participating in Access Gap

If your doctor is participating in Access Gap, the doctor should send the Access Gap account for your medical treatment directly to Defence Health.

You should already know if you have any out-of-pocket expenses to pay before you undergo hospital treatment. If your doctor does send the account to you, just forward it to us.

Medical providers not participating in Access Gap

If your doctor is not participating in Access Gap, follow the steps below to submit your inpatient medical claim.

1. First, submit your claim to Medicare.
2. After Medicare assessment, download the Statement of Benefits via myGov. We cannot process your claim without this document.
3. Download the Defence Health app
4. Send us your Medicare Statement of Benefits via the app.

Your claim will be processed within 5-7 business days. For help submitting your claims, contact us on **1800 335 425**.

Please note that inpatient claims cannot be submitted through the member portal. You must send us Medicare Statement of Benefits for your claim to be processed.

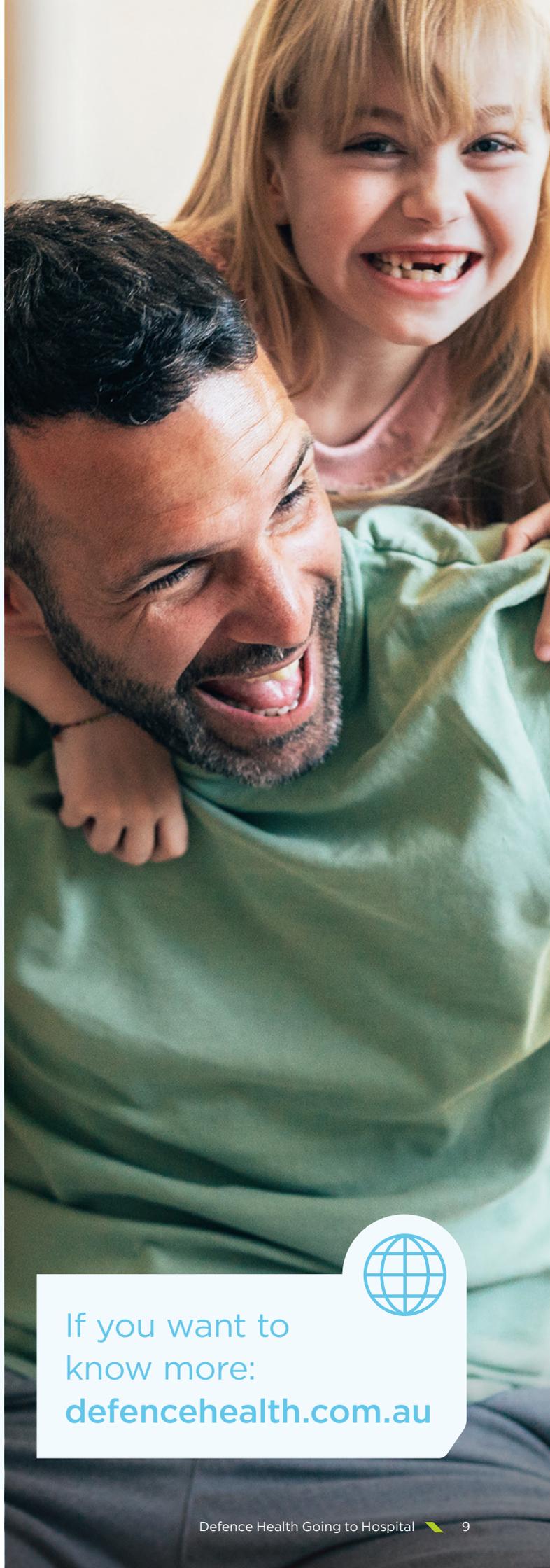
Paying providers in advance

If the provider asks you to pay up front for your procedure, you must first submit your claim to Medicare. For information on how to submit your claim, please visit the Medicare website.

Claiming outpatient services

Consultations where you were not admitted to hospital are outpatient services and cannot be claimed under your hospital cover. Any eligible outpatient services with a Medicare item number can be claimed through Medicare.

For more information, log into your Medicare portal through your myGov account or contact Medicare directly.



If you want to know more:

defencehealth.com.au

Contact Us



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General enquiries
1800 335 425

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