



Going to Hospital?

Here's what you
need to know

Effective 1 May 2025



Preparing to go to hospital

There are a number of things to consider when you're getting ready for a hospital admission.

We've put together this guide to help you understand what to expect.

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Introduction

What happens when you arrive at hospital?

When you get to hospital you will be asked some questions to protect you from some avoidable problems. Here are some questions you may be asked about:

- Any allergies
- Current medication
- Existing or past health problems
- Recent overseas trips
- Pregnancy or breastfeeding

If your situation is an emergency, you will need to go to the emergency department. Once you've been assessed, you may need to go back to the waiting room if there are more serious cases ahead of you. That said, it's important to tell hospital staff if you condition changes or worsens.

When it's your turn, you'll be taken to a treatment area to be assessed and treated. If staff can treat you in the emergency department, you'll be able to go home afterwards. Emergency department treatment is an outpatient service. If the problem is more serious or needs ongoing care, you'll be admitted to hospital and the treatment you receive will be as an inpatient.

Ambulance services

If you need an ambulance (via road or air), it's important to know what your options are to pay for it.

Medicare may not cover ambulance costs. Costs for an ambulance are calculated based on a call-out fee plus a per-kilometre charge from the ambulance base to the call-out location, hospital or other facility, and then for it to return to the ambulance base.

When it comes to ambulance services, each state is different. In some states, an ambulance may already be covered, or you can include it in your cover. You should consider what you've chosen to be covered for, based on the state you live in.

The table to the right compares your options.

It's worth noting:

- Some states offer free or subsidised ambulance services to pension and concession card holders. Check your State Government website for more details.
- Some states have agreements with other states to cover their residents, and vice versa. This varies, so if you travel interstate frequently, it could be worth considering private cover or a subscription.
- Some covers, subscriptions and agreements between states only offer cover for ambulances by road, and not air. It's worth checking what they'll cover before making your decision.

The following providers are recognised by Bupa:

- ACT Ambulance Service
- Ambulance Service of NSW
- Ambulance Victoria
- Queensland Ambulance Service
- South Australia Ambulance Service
- St John Ambulance Service NT
- St John Ambulance Service WA
- Tasmanian Ambulance Service

State you normally live in	Options to fund ambulance services
NSW	<ul style="list-style-type: none"> • Pay yourself. • Use private cover (included in most Hospital or Extras covers).
ACT	
VIC	<ul style="list-style-type: none"> • Pay yourself • Use private cover (included in most Hospital or Extras covers). • Get an ambulance subscription (see our list of recognised providers listed on page 4).
NT	
SA	
Country WA	<ul style="list-style-type: none"> • Pay yourself. • Use private cover (included in most Hospital or Extras covers).
Metro WA & Norfolk Island	
TAS	<ul style="list-style-type: none"> • The Government covers you everywhere, except for in QLD and SA. • If you travel to these states frequently, you could consider private cover, or you'll need to pay these costs yourself.
QLD	<ul style="list-style-type: none"> • The Government covers you everywhere in Australia.

Waiting periods, policy and fund rules apply. See your policy information for further details.

Who pays for healthcare in Australia?

Depending on how you use the healthcare system, funding either comes from the Government, private health insurers, and sometimes - you.

Medicare

Medicare is Australia's nationwide healthcare system available for Australian citizens and permanent residents and visitors from countries that have reciprocal healthcare agreements (subject to the terms of those agreements). Medicare subsidises medical fees and some services by dentists and allied health professionals.

It covers:

- Treatment as a public patient in a public hospital
- 75% of the fee on a Government list called the Medicare Benefit Schedule (MBS) for doctors' services in hospital if you're a private patient
- 100% of the cost of going to a GP or specialist (also known as bulk billing) or some of the cost if bulk billing is not available
- Some (but not all) tests and examinations your doctor orders for you
- Reduced cost on some prescription medications, if they're on an Australian Government list called the Pharmaceutical Benefits Scheme (PBS)

Private health insurance

Your health cover with Bupa can include cover for:

- **Hospital treatment:** Once you're admitted to hospital, private hospital cover will help pay for the costs of treatment and your stay. Medical costs may be reduced using Bupa's Medical Gap Scheme.
- **General treatment:** Also called 'Extras', or 'Ancillary' this can include dental, optical and physiotherapy treatments.
- **Ambulance:** In some states, an ambulance may already be covered, or you can include it in your cover.

Visit mbsonline.gov.au to view the MBS. Each service listed includes an item number and the benefit related to that service.

Your doctor or specialist can choose to charge more than this fee, which may lead to a remaining amount to pay.

Australia's healthcare systems

The healthcare world can feel a bit complex. In this guide, we'll help break it down so you can understand how it works.

In Australia, we have public and private health care systems. Depending on what you're getting treatment for, health professionals like doctors and specialists can treat you in either.



About the Public System

This includes public hospitals, community-based services, and health organisations largely owned and governed by state and territory Governments.

Public hospitals in Australia provide high quality medical care at low (or no) cost to Medicare card holders. They're Government funded, and taxpayers pay an additional Medicare levy to support the public health care system.

If you need elective surgery (non-urgent treatment) and choose to be a public patient, you may need to wait longer for surgery. You also won't be able to choose your doctor, much of your care may be delivered by doctors-in-training and you may need to share a room as you recover.

How do I use my Bupa cover in a public hospital?

When you're admitted, you'll probably be asked if you have private health cover. It's entirely up to you whether you want to be treated as a public patient or a private patient – a choice protected under the National Health Reform Agreement.

If you choose to use your Bupa cover in a public hospital, you should ask the following questions:

- What are the benefits if I use my private health insurance?
- Will my care be any different if I choose private?
- Can I choose my doctor?
- Can I get a private room?
- What extra fees / charges (if any) will I need to pay?

About the Private System

The private system is made up of health providers that are owned and operated or deliver services privately, like private hospitals, medical and allied health professionals and pharmacies.

How do I use my Bupa cover in a private hospital?

Private hospitals provide high quality medical care for patients and offer an extensive range of health care services. These hospitals are owned and operated by private organisations and licensed and regulated by the Government.

Typically, you'll have more choice as a private patient - like choosing your doctor, shorter wait times for elective or planned surgery, and the choice of a private room (if available and clinically appropriate).

What will Bupa be able to cover you for in a Members First Hospital?

- Private room where available and clinically appropriate¹
- Theatre and accommodation fees
- Inpatient Pharmaceutical Benefits Scheme (PBS) drugs
- Inpatient allied health services
- Listed prosthesis
- Access to the Bupa Medical Gap Scheme

Who delivers healthcare?

General Practitioner (GP)

Your GP is usually your starting point for health care. They'll assess any problems and try to treat your immediate health concerns. They can also arrange for tests to help with their diagnosis e.g. blood samples, and refer you to a specialist, hospital or allied health professional.

Specialists

A medical specialist is a doctor who has a high level of education and training in a specific area of medicine – like a cardiologist, who specialises in treating heart conditions.

Allied health professionals

Allied health providers are qualified health professionals who are focused on preventing, diagnosing and treating a range of conditions. This includes people like psychologists, occupational therapists, radiographers, pharmacists and podiatrists.

1. Conditions apply, contact us for details.



Getting financially ready for your stay

There are a few things you can do to ease your mind before going into hospital.

Talk to your specialist

Your specialist or treating doctor(s) have to give you the cost of any out-of-pocket expenses and get your agreement before your admission. Ask them whether they participate in the Bupa Medical Gap Scheme and will agree to use it for your treatment, how long you'll be staying in hospital, and whether there are additional costs (like prosthesis, for example). All costs should be discussed with you prior to being admitted to hospital. Refer to page 10 for more information.

Ask for the Medicare Benefits Schedule (MBS) item number(s) they'll be using, so we can confirm you are covered for that procedure and make sure you receive any out-of-pocket costs for anaesthetists, assistant surgeons, pathology and radiology.

Talk to Bupa

Call us before you book in your admission with the MBS items numbers to make sure you are covered for your service (also see the 'what you're covered for' section). We can also talk you through waiting periods, restrictions or exclusions, excess or co-payments or whether your hospital is a Members First or Network hospital.

You may have lower (or no) out-of-pocket medical costs if your treating doctor(s) elect to use Bupa's Medical Gap Scheme – we're happy to talk you through this (check out the next page for more information).

Talk to your hospital

Before you're admitted, the hospital staff will check your membership eligibility and let you know if there are any out-of-pocket expenses such as excess or co-payment. They'll get your consent in writing (which is mandatory), by asking you to sign an Informed Financial Consent (IFC) form before or on admission with an information pack.

Informed Financial Consent

Before you receive any treatment you are entitled to ask your doctor, your health insurer, and your hospital about how much

your treatment will cost, including any extra money you may have to pay out of your own pocket, commonly known as a 'gap' payment. Informed financial consent must be confirmed in writing so it's clear that you have received and understood this information and agreed to it.

In your hospital's admission information pack, you'll have to fill out the clinical consent form. Signing this means that you've understood the information provided and that you agree to the procedure itself.

Make sure you:

- Understand what treatment or surgery you are having, and why you are having it.
- Understand all your options, including what happens if you don't have the procedure.
- Ask any questions you have so that you understand the risks and potential complications and what will be done to prevent these.
- Know you can withdraw your clinical informed consent at any time during your hospital stay. This can be done verbally, or in writing. If it's withdrawn during a course of treatment, the treatment must stop.

What's the Bupa Medical Gap Scheme?

The Bupa Medical Gap Scheme is all about reducing the medical costs you need to pay for treatment when you're admitted to hospital. If your specialist uses our scheme, you'll never pay more than \$500 per doctor for in-hospital treatment. Each doctor involved in your treatment can choose to use the Bupa Medical Gap Scheme for your admission in a public hospital, or a private hospital with which Bupa has an agreement.

The 'gap' is the amount you'll need to pay yourself if your doctor or specialist charges more than what Bupa and Medicare will pay (Health funds pay 25% of this fee, and Medicare pays 75%). The Bupa Medical Gap Scheme reduces or eliminates this difference, or 'gap'. Bupa provides two different arrangements – either 'no gap' or a 'known gap'.

No Gap

If your specialist is registered with the Bupa Medical Gap Scheme with no gap, they'll bill Bupa directly and you won't have to pay anything for your specialist's services in hospital. You may have to see multiple doctors for one procedure.

Known Gap

If your specialist is registered with the Bupa Medical Gap Scheme with a known gap, they're able to charge you a gap up to a maximum of \$500 for services provided in hospital.

Chat to your specialist about this before you book your first appointment. They can refer you to the Bupa Medical Gap Scheme and let you know what gap arrangement they'll make. Remember, you may have to see multiple doctors for one procedure.

Your specialist can choose whether or not to use the Bupa Medical Gap Scheme for your treatment. We recommend you confirm with them directly if they'll use the Scheme for your treatment, and to check what costs they may charge, so you know what out-of-pocket costs you may have to pay.

What can I expect if my doctor/s use the Bupa Medical Gap Scheme:

In a public hospital:

- If you have a pre-booked admission, you may be charged up to a maximum of \$500 for your treatment by that doctor while you are in that hospital.
- If you're admitted any other way (e.g. through the Emergency Department), your doctor will bill Bupa directly and you'll pay nothing while you're in that hospital.

In a private hospital with which Bupa has an agreement:

- You'll never have to pay more than \$500 for medical treatment per doctor - we may even pay for the full cost while you're in that hospital. Any excess or co-payment will still apply based on your level of cover. Find out more at: bupa.com.au/medicalgapscheme

Seeing a specialist

Your GP or specialist will provide you with a referral if your condition needs specialist care that your referring doctor can't provide. The treatment options you and your doctor would like to explore may influence which and what type of specialist you choose.

Specialist fees

Specialist fees can vary from doctor to doctor and may not be easy to determine until you have that initial consultation with your medical specialist.

Specialist Referrals

A specialist referral is often made without any idea of how long you are going to have to wait, especially if your condition is not urgent.

Who pays?

If you're eligible for Medicare and have a referral, Medicare will reimburse you for a portion of your specialist consultations and treatments. Without a referral, you'll need to pay the specialist consultations and treatments in full yourself.

Depending on your level of cover, Bupa will cover the specialist costs if you're admitted to hospital, but no health insurer in Australia can cover specialist costs when out of hospital, as set out in the Health Insurance Act 1973.

Things to find out before seeing a specialist:

- The name of the doctor you'd like to see
- What your options are in public vs. private hospitals
- Whether you need a referral from a GP or another specialist (if you don't have one, it can be more expensive)
- An understanding of fees and waitlist

While you're there, it's worth asking about:

- Options for treatment
- Referrals for second opinions if necessary
- Any follow up appointments

Find a provider

Visit bupa.com.au/find-a-provider to search for specialists and hospitals in the Bupa network.

What is a pre-existing condition?

A pre-existing condition is defined as any ailment, illness, or condition where, in the opinion of a medical adviser appointed by Bupa, the signs or symptoms of that illness, ailment or condition existed at any time in the period of 6 months ending on the day on which you became insured under the policy.

Pre-existing waiting period

Customers who are new to private health insurance, or who have joined us on a higher level of cover to what they had with a previous fund, will have a 12-month waiting period for pre-existing conditions. We ask them to complete a pre-existing condition assessment if they need to go to hospital in the first 12 months of their policy and want to claim benefits.

Existing customers who change their level of cover will have a 12-month waiting period before they can claim any higher benefits or claim for services they didn't have cover for before. We ask them to complete a pre-existing condition assessment if they need to go to hospital in the first 12 months after they change cover if they want to claim at the higher level.

To confirm if your proposed treatment might be related to a pre-existing condition, or if your treatment is eligible for benefits to be paid, we'll ask you to provide documentation, such as:

- Bupa medical certificates signed by your GP and any specialists you consulted.
- Referral letters from your GP to specialist(s).

Plus, if necessary and appropriate:

- Emergency department notes if you were treated through a hospital emergency department.
- Doctors' notes from your medical appointments.

- For injuries resulting from accidents, we will also need a medical certificate or report from the licensed practitioner you saw in the 72 hours following the accident.

As required in the legislation and to ensure a proper assessment in relation to your claim, Bupa will appoint a doctor to assess the information and determine whether, in their opinion, and consistent with normal medical practice, they are satisfied that there would have been signs or symptoms of the condition, ailment or illness in the period before you joined, even if you had not yet had a diagnosed condition or seen a doctor. If the signs or symptoms would have been evident, then this is considered a pre-existing condition under the Private Health Insurance Act (2007).

The outcome is decided by the doctor appointed by Bupa, and not your treating doctor, but any information provided by your doctors will be considered.

What are signs and symptoms?

A **'sign'** is something that relates to the ailment, illness, or condition that the person needs to go to hospital for, and was present during the six months before starting or upgrading hospital insurance. The sign may have been:

- objectively clear to the customer;
- clear to the attending medical practitioner when examining the customer;
- reasonably clear to a general practitioner in a relevant physical examination.

A **'symptom'** is something that relates to the ailment, illness or condition that the person needs to go to hospital for, and they knew about it during the six months before they started or upgraded their hospital insurance. This includes situations where either:

- the symptom was recorded by the treating medical practitioner but the ailment, illness or condition was not diagnosed;
- the ailment, illness or condition has been diagnosed;
- the ailment, illness or condition has been diagnosed, treated, and is in remission.



More value from a Bupa membership

-  Members First Hospitals
-  Travel and accommodation benefit
-  Network Hospitals
-  Accident Inclusion
-  Ultimate gap bonus

What you're covered for

Private health insurance can contribute to your hospital and medical costs – but it's important to know what you're actually covered for.



Bupa Hospital Covers

All of Bupa's private hospital covers are classified by the Australian Government tiers of gold, silver, bronze and basic. These all include the use of standard clinical definitions or categories, with the aim to make inclusions and exclusions for treatments easier to identify.

The Australian Government published the table on page 16 to display minimum requirements of standard clinical categories[^] to be offered within each tier for hospital treatment products. Where Bupa has chosen to provide more than the minimum requirements as set by the Australian Government you will see a "Plus" in the title of the hospital product.

For Overseas Visitors Hospital Covers, Working and Non-Working products, there may be slight variations to some of the standard clinical definitions or categories. Additional categories may also apply. The four tiers do not apply to these covers.

What does optional cover mean? A health insurer may choose to offer this on a restricted or unrestricted level of coverage.

What is restricted cover? If you have restricted cover for a treatment, it means you'll be covered most of the time for a shared room in a public hospital, but that you may face large out-of-pocket costs for a private room if you stay in a private hospital.

If you're on an Overseas Visitors cover, it means you'll have large out-of-pocket expenses if admitted to any hospital for a restricted cover service.

Please refer to each individual product to see if Bupa has included the clinical category within a "Plus" product.

More value from a Bupa membership

When you use our national network of hospitals, you can access a range of benefits.

Members First Hospitals

If you go to a Members First hospital, in most instances, you'll be covered for your hospital expenses - like accommodation, operating theatre, and intensive care fees (if applicable).

You'll also have the added benefit of a private room or \$50 back (paid by the hospital) for overnight admissions except for particular circumstances, for example if:

- Your hospital visit isn't booked at least 24 hours before admission.
- You become a nursing home-type patient (i.e. you stay in hospital more than 35 days without an Acute Care Certificate).
- You're admitted via an Accident and Emergency Department.
- You are a day patient (including if your stay leads to an unplanned overnight stay).
- It's clinically inappropriate.
- You don't request a private room at time of booking.

You'll also have access to other benefits such as a daily newspaper, local phone calls and Free to Air TV at no additional cost.

[^]The services provided under our health insurance policies are defined in the Private Health Insurance (Complying Product) Rules 2015. We cannot alter the meaning of these defined terms and they may not have their ordinary meaning. For more information about what is covered under a treatment or service, contact us or go to bupa.com.au/glossary.

Clinical categories*	Gold	Silver	Bronze	Basic
Rehabilitation	✓	✓	R	R
Hospital psychiatric services	✓	R	R	R
Palliative care	✓	R	R	R
Brain and nervous system	✓	✓	✓	
Eye (not cataracts)	✓	✓	✓	
Ear, nose and throat	✓	✓	✓	
Tonsils, adenoids and grommets	✓	✓	✓	
Bone, joint and muscle	✓	✓	✓	
Joint reconstructions	✓	✓	✓	
Kidney and bladder	✓	✓	✓	
Male reproductive system	✓	✓	✓	
Digestive system	✓	✓	✓	
Hernia and appendix	✓	✓	✓	
Gastrointestinal endoscopy	✓	✓	✓	
Gynaecology	✓	✓	✓	
Miscarriage and termination of pregnancy	✓	✓	✓	
Chemotherapy, radiotherapy and immunotherapy for cancer	✓	✓	✓	
Pain management	✓	✓	✓	
Skin	✓	✓	✓	
Breast surgery (medically necessary)	✓	✓	✓	
Diabetes management (excluding insulin pumps)	✓	✓	✓	
Heart and vascular system	✓	✓		
Lung and chest	✓	✓		
Blood	✓	✓		
Back, neck and spine	✓	✓		
Plastic and reconstructive surgery (medically necessary)	✓	✓		
Dental surgery	✓	✓		
Podiatric surgery (provided by a registered podiatric surgeon)^	✓	✓		
Implantation of hearing devices	✓	✓		
Cataracts	✓			
Joint replacements	✓			
Dialysis for chronic kidney failure	✓			
Pregnancy and birth	✓			
Assisted reproductive services	✓			
Weight loss surgery	✓			
Insulin pumps	✓			
Pain management with device	✓			
Sleep studies	✓			

Key: R = Restricted. *The services provided under our health insurance policies are defined in the Private Health Insurance (Complying Product) Rules 2015. We cannot alter the meaning of these defined terms and they may not have their ordinary meaning. For more information about what is covered under a treatment or service, contact us or go to bupa.com.au/glossary. ^Limited hospital accommodation and approved prostheses benefits

Travel and accommodation benefit

If you need to travel 200km or more to get essential treatment, we can help cover some of your travel and accommodation costs. The benefit is per person, per trip (limits apply), can be used as many times as needed throughout the year and only applies to hospital cover. See your policy information for more details.

Network Hospitals

If you go to a Network hospital and you have the right level of cover, in most instances you'll be covered for hospital expenses like accommodation, theatre, and intensive care fees. At a Network hospital, you'll also have access to local phone calls, where available, pay TV and Free to Air TV at no additional cost. That said, a small number of Network Hospitals may charge a daily fixed fee.

Accident Inclusion

If your cover includes the Accident Inclusion feature and you're involved in an accident (in Australia) after joining, hospital treatments that are restricted or excluded on your cover will be payable in the same way as an included service. Treatment needs to be given within 72 hours of the accident, and any further treatment for that accident where an admission or readmission is required must be within 180 days of the event.

Ultimate gap bonus

This is only available on Gold Ultimate Health Cover and Ultimate Corporate Health Cover - Gold. Receive a \$200 bonus when you join Bupa and every calendar year thereafter. This can be used towards a doctor or specialist's out-of-pocket costs (while in hospital) and any unused bonus amounts will accumulate each year.

What's the difference between hospital and medical costs?

When you're admitted to hospital, the services you receive are separated into two different categories — hospital and medical. They're charged differently so it's worth knowing what to expect.

Hospital costs can include:

- Accommodation for overnight or same-day stays.
- Operating theatre and intensive care fees (as applicable).
- Any medicines approved by the Pharmaceutical Benefits Scheme (PBS) you're prescribed as part of your in-hospital treatment.
- Physiotherapy and other allied health services, including occupational therapy and dietetics.
- Surgically implanted prostheses up to the approved benefit in the Government's Prostheses List. It's best to check costs with your specialist before going into hospital.

Medical costs can include:

- Fees charged by specialists involved in your hospital treatment (e.g. surgeon, anaesthetist).
- Pathology and radiology diagnostic tests recognised by Medicare, performed in hospital by Bupa recognised providers.
- Any out-of-pocket costs above the MBS fee.

Things you might not be covered for:

If you have exclusions or restricted cover

Sometimes specific services or treatments may be excluded under your level of cover. This means you'll be responsible for all expenses related to your hospital admission for that procedure or service.

If you only have 'restricted cover' for a service, the amount we can pay for your hospital accommodation is the minimum shared room benefit set by the Australian Government. It means you'll likely be covered in a public hospital, but if you choose to go private, you'll have large out-of-pocket expenses.

If you're on an Overseas Visitors cover and if you only have 'restricted cover' for a service, we'll pay a benefit equalling the Australian resident public hospital minimum shared room benefit set by the Australian Government. It means the benefit will not fully cover the cost for your hospital accommodation, and you'll have large out-of-pocket expenses.

If a treatment or service is excluded or restricted on your cover

Contact Bupa as there will be significant out-of-pocket costs, even when you have 'restricted cover'. This can mean a 12-month pre-existing condition waiting period if you upgrade your cover to be eligible for those services.

What happens when one treatment is covered and the other is excluded under my private hospital cover?

If you're admitted to hospital for multiple treatments and one or more of those treatments isn't covered on your policy, Bupa will generally only pay a benefit towards the included treatment (if you have served any applicable waiting periods and meet eligibility requirements), but not the excluded treatments.

For domestic customers, Bupa will also cover treatment as required under the legislation related to paying benefits. This includes paying benefits towards Associated Treatments for Complications, Associated Unplanned Treatments, Common Treatments, and Support Treatments.

Outside of these situations, if you receive hospital treatment during an admission to hospital that is both included and excluded, we will pay for all the included treatment and may pay any element of treatment that cannot be appropriately allocated to the excluded treatment on an ex-gratia basis. Otherwise, you will be responsible for all expenses related to the treatment which is excluded on your policy.

Excess and co-payments

Depending on your level of cover, you may need to pay an excess and/or co-payment for your hospital admission. Check with Bupa or the hospital to see what excess and/or co-payment (if any) will apply to your hospital stay.

Network fixed fees

This is a daily charge billed by a small number of Network hospitals that you're responsible for paying. The hospital should tell you about any fee when you make a booking. Fixed fees allow Bupa to bring you a greater range of hospitals that offer certainty around costs. If you have Gold Ultimate Health Cover, you're reimbursed for any fixed fee.

When you leave hospital

You may need to pay for services or products when you're discharged from hospital. Depending on your cover and the hospital you go to, these can include:

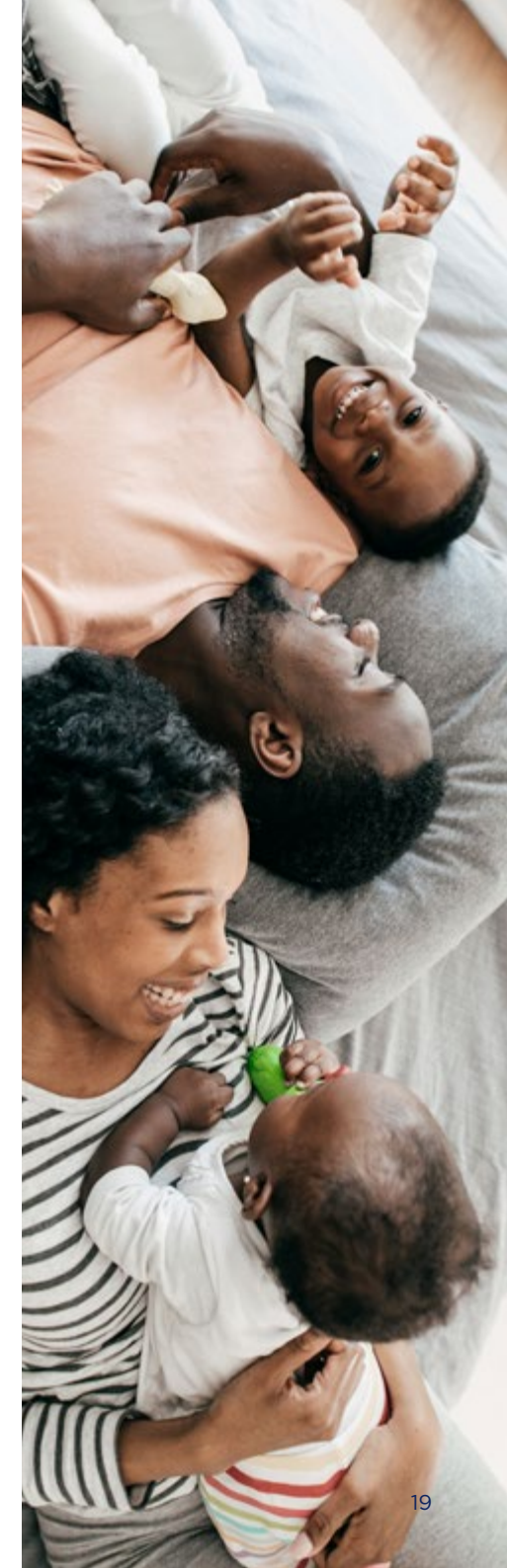
- Pharmacy items not opened at the point of leaving hospital or provided to you upon discharge (though a benefit may be payable by Bupa depending upon the item and your level of cover).
- Fees for things like movies and non-local phone calls.
- Provider or patient requested non-emergency ambulance transportation.

If you receive benefits from another source

Your health insurance doesn't apply where compensation, damages or benefits may be claimed from another source in relation to a condition, injury, or ailment (e.g. workers' compensation).

As a nursing home type patient

If you're assessed during your hospital stay as no longer needing acute care and in hospital for more than 35 days, you'll be classed as a nursing home type patient. If this happens, Bupa will pay benefits that are much lower than normal hospital benefits and you'll need to make a personal contribution towards the cost of your care.



Going to hospital



Things to do before admission

Apart from contacting us before your admission, requesting a private room, and doing all the necessary paperwork, there are a few things to think about before you go in for your stay.

Pack well

Here are some things to consider for your stay:

- Bring comfortable clothes, sleepwear and underwear. Don't forget to bring your toiletries too.
- Bring any medication you may need in its original packaging.
- Leave jewellery at home where you can. Any jewellery left on will be taped over if it's hard to remove, but if it's an emergency it may need to be cut off.
- Don't apply any make up or nail polish before your procedure.
- Don't bring any valuables with you (a small amount of cash or a credit card can be useful though).
- Bring something to keep you occupied if you are staying for a while - a good book or some magazines always help.

Follow pre-operative instructions

Remember that any instructions about what to do to prepare for your operation are for your safety. That includes bathing, fasting, etc.

Make sure medicine is ready to go

Confirm your list of medicines (prescription and non-prescription) and any details the staff need to know (like dosage, what it's treating, etc). It's really important that you give medicine to staff when you're being admitted and tell them about any allergies or reactions you've had to medication.

How to have a better stay

Know your rights and responsibilities

As a patient, you have rights during your hospital stay. For example, you're always entitled to know the identity and role of the hospital staff who are caring for you. When coming into your room, they should introduce themselves and tell you why they're there. If not, you can ask.

You have the right to ask questions to help you understand your treatment, any tests you have, and how your recovery is progressing. In turn, it's your responsibility to give accurate and complete information to your treatment team - and speak up if anything isn't clear.

Have your individual needs met

For any personal requirements, make sure you tell staff about:

- Any special dietary requirements (e.g. if you're vegetarian, have diabetes, or need gluten-free, halal, or kosher foods)
- If you need an interpreter
- Any religious or cultural requirements
- Other special needs (e.g. if you have reduced mobility, or vision or hearing impairment)

After your treatment or surgery

Waking up

After your procedure, especially if you have had an anaesthetic, you'll be in the recovery room. If you've had surgery, you will have a bandage or dressing over the site that was operated on. Your pulse, blood pressure, and breathing will be monitored for a few hours to make sure they are stable, until you can be moved to your ward.

You may also still have an intravenous line (IV) for fluids, an epidural line (if you have one), drains from the wound, a urine catheter, and your dressings if appropriate.

You may have a sore throat if you've had a general anaesthetic. You may also need pain relief to help with any discomfort after the procedure as the anaesthetic wears off, as well as medicines to help manage any nausea and vomiting.

Preventing blood clots

Some surgeries mean you'll need medication after to prevent blood clots (like hip and knee replacement surgery).

Many surgical procedures increase the risk of blood clots forming, particularly in the legs. These can break off and travel into the lungs which can cause a blockage known as a pulmonary embolism.

Medicines to help prevent blood clots (called anticoagulants) can be given as an injection under the skin or as a tablet. You may also be given compression stockings or a device that squeezes the muscles of the legs intermittently (intermittent pneumatic compression).

You may need to take an anticlotting medicine for a month or so after some types of surgery. Talk to your doctor if you have any questions about this.

Pain relief

If you need pain relief it can be given to you in the following ways:

- By patient-controlled analgesia (PCA): this is a device that allows you to control your own pain relief. When you feel pain, you can push a button that delivers a dose of medication through an IV line into your body. The machine is programmed so you can't give yourself too much. Once you're eating through your mouth you can be switched over to getting pain relief medicines orally.
- By epidural: pain relief medication is given through a tube placed in the space around the spinal cord, known as the epidural space. This may remain in place until you can be switched over to oral pain relief medication. Make sure you tell the nurse if you feel any numbness or tingling in your arms or mouth.
- By mouth (orally): once you're eating and drinking well, you'll get pain relief medication to take by mouth if required.

If you continue to be in pain even with medication, tell your doctor or nurses.

Preventing infection

Depending on the procedure you have had, you may be given antibiotics to help prevent infection. Your doctor will decide if you need to continue to take antibiotics after you are discharged.

Always make sure you:

- Follow instructions from your doctor and/or nurses on how to look after your wound.
- Wash your hands with soap and warm water and dry them thoroughly, particularly after using the bathroom, and ask family and visitors to wash theirs.
- Make use of the alcohol-based hand rubs which are conveniently located throughout most hospitals.

Getting up and moving

It's important that you're able to move around safely in hospital (e.g. getting in and out of your bed or a chair and going up and down stairs).

If you need physiotherapy, (like after hip or knee replacement surgery), a physiotherapist will usually visit you each day after your surgery to take you through exercises that are designed to help your recovery.

Soon after surgery, you may be able to sit on the edge of the bed, stand, and even walk with help. You'll need to use walking aids until your doctor or physiotherapist says you're ready to walk unassisted.

An occupational therapist may come around a few days after your procedure to see how well you can take care of your personal hygiene, as well as how well you can get dressed.

Preventing falls

To help reduce the chance of falls while you are in hospital (and when you get home), make sure you:

- Take your time when you are getting up.
- Take extra care if you feel unsteady on your feet.
- Ask for help if you feel dizzy, light-headed, or unwell.
- Get to know the ward and your surroundings and keep important things within reach, including your nurse call button.
- Ask for help if you need it when getting to the bathroom or toilet.
- At night, turn on the light before you get out of bed, and when you're in the toilet.
- Use a walking aid (if a physiotherapist has given you one), and handrails in the bathroom and hallways. Don't use unstable items like your IV pole or tray table for support.
- Wear your glasses and/or hearing aids if you need them.
- Beware of trip hazards (e.g. anything on the floor such as mats, papers, spills or even your own clothing if it is too long or loose).

If you are at risk of falls, you may be given a pair of grip socks to wear.



Leaving hospital

Will I go straight home?

Sometimes you'll need further treatment after a procedure, especially if you have any physical problems or need some extra care.

Your doctor will be able to give you an idea of any rehabilitation or extra care you might need after, otherwise you'll be able to go home once you're discharged.

As a Bupa member, rehabilitation at home may also be an option for you (if you need it and have a referral from your doctor or hospital). Just give us a call on **134 135** to find out more.

What do I need to take with me?

Make sure you've got:

- The paperwork you need for discharge (e.g. a 'discharge summary').
- Any letters or information for your GP — though sometimes doctors/specialists will send them separately.
- Your prescriptions and medication— or a list so you can get them from your GP and pharmacist. You'll also need written instructions on taking your medication.
- Written instructions for any exercises you need to do (if applicable).
- Written instructions for looking after your wound (if you have one).

Things to make sure you understand before leaving hospital

- Whether you need and can get any services to help you at home — a social worker, occupational therapist, nurse, or discharge planner/case manager can help you access any services you may need.
- When you will have a follow up appointment with your specialist.
- When to call the doctor e.g. if there are any complications.

Once you're home

It's important to look after yourself after a hospital stay. Here are a few things you can do to make things go smoothly.

Medicines

Take your medicines as directed and contact your doctor if you have any problems. Your family and friends can get your medicines from the chemist if you can't get there. Dosing aids can be useful to help you keep track and a medicines list or app like MedAdvisor can help you keep your info together. Ask your doctor or pharmacist if you need a hand.

Exercises

Get your physio to write down any exercises you need to do - and how to do them safely.

Preventing falls

Take extra precautions at home to reduce your risk of falling as you're moving around.

Nutrition

Good nutrition is important for recovery, so aim for balanced meals. Ask for help preparing meals and shopping if you need it.

Sleep

If you're having trouble getting to sleep, which can happen after a hospital stay, it's worth chatting to your doctor.

How to claim

To make the claims process as smooth as possible, here are a few things to consider.

Your hospital costs

All Members First and Network hospitals will ask you to complete claim forms on admission, which they'll send to Bupa on your behalf. The hospital would have asked you to pay any excess, co-payment, or fixed fee upon your admission.

Your hospital's Admission Information booklet also states that, in the event that you need extra services and the cost isn't covered by Bupa, the hospital will create an account which you'll need to pay when you're discharged.

Your medical costs

If your specialist doesn't use Bupa's Medical Gap Scheme, you'll need to fill out a Medicare 'two-way claim form' for all your medical costs. The form is available online at medicare.com.au or in any Bupa store. Medicare will process your claim and pay you the benefit and work with Bupa to pay part of the bill. If you can't visit a Medicare office during your recovery, contact either Bupa or Medicare and ask for the forms to be sent to you.

Statement of Benefits

After your hospital and medical claims (from doctors and specialists) have been processed, Bupa will send you statements showing what has been paid on your behalf. Please check that these details are correct and contact us straight away if you have any questions. Your medical statement may include costs charged by specialists you may not have seen directly, like pathologists.

Medicare and Pharmaceutical Benefits Scheme (PBS) Safety Nets

The Government's Medicare Safety Net provides financial assistance to people with high out-of-pocket costs for outpatient services that pay a Medicare benefit. Once you reach a threshold, you may be eligible for additional Medicare benefits for the rest of the calendar year. The PBS Safety Net is also available to those who need a lot of medicines on the PBS each year.

For more information, visit humanservices.gov.au





We're here to help

There's a lot of info to take in when you've got a hospital stay planned, but we're here to help answer your questions and make sure you've got the right cover.

Give us a call us on **134 135**,
visit **bupa.com.au** or head into a
Bupa Health Insurance store.

Bupa HI Pty Ltd
ABN 81 000 057 590

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