



We have received a referral that requests an outpatient appointment for you at Eastern Health. From the details that we have received we are not able to establish if you are entitled to public health care as we do not have a Medicare details for you.

If you do have a **current Medicare Card** please

- Complete the attached *Form A: Outpatient Registration* and return it to Eastern Health within one (1) week of receipt of this letter. This will enable us to make an appointment for you, and at your first appointment you will need to bring your current Medicare card with you.

If you do **not** have a **MEDICARE** card please proceed as follows:

To enable us to process your referral, please follow the instructions for **one** of the following options:

Option 1: If you are a **visitor to Australia**(from Belgium, Finland, Ireland, Italy (6 Months), Malta (6 Months), New Zealand, Norway, Sweden, the Republic of Slovenia, The Netherlands and United Kingdom) **you may be covered by a reciprocal rights agreement**, please:

- Confirm your entitlement by calling Medicare on 132 011.
- Complete the attached *Form A: Outpatient Registration* and return it to Eastern Health I within one (1) week of receipt of this letter. This will enable us to make an appointment for you, and at your first appointment you will need to bring a colour copy of your passport and entry visa to validate your status.

Option 2: If you can provide proof that you are an **Asylum Seeker**, you will be provided free necessary medical care including all services related to that care.

Please:

- Ensure you have supporting documentation of your status from the Department of Immigration and Citizenship or from a recognised asylum support agency such as the Red Cross. Your documentation must be provided to the Patient Account Department (ask at the cashier office to contact us) prior to your appointment, the hospital will regard you as not eligible for Medicare (Option 3, below, will then apply to you)
- Complete the attached *Form A: Outpatient Registration* and return it to Eastern Health I within one (1) week of receipt of this letter. This will enable us to make an appointment for you, and at your first appointment you will need to bring a colour copy of your passport and entry visa to validate your status and/or your supporting documentation.

Option 3: If you are **not eligible for Medicare** you will be required to pay for all the costs related to your maternity care and the costs of your baby's care should your baby require admission or treatment. (See following table for costs.)

These fees do not include any prosthesis, discharge pharmaceuticals or special care nursery charges.

- If you are **uninsured for pregnancy care, the fixed fee for maternity care is \$14,400**. This fee includes all medical, emergency, outpatient, inpatient, theatre, and domiciliary services.
- Payable in three equal instalments of \$4,800 prior to the birth.
- The first instalment is due prior to your first outpatient appointment. The second instalment is payable by 28 weeks and the third and final instalment is payable two weeks prior to estimated delivery or at delivery (if before expected due delivery date).
- Alternatively you may elect to receive a 10% discount by paying in full the entire cost of your maternity care prior to your first appointment (meaning the cost will be \$12,960).

Complete the attached *Form B: Medicare Ineligible Outpatient Registration* and return it in the enclosed reply paid envelope within one (1) week of receipt of this letter.

Maternity care for UNINSURED patients covers all medical, emergency, outpatient, inpatient, theatre, and domiciliary care services	Rate per birth episode
1 st Option: Payable in three equal instalments prior to delivery – first payment payable prior to first appointment	\$14,400
2 nd Option: Payable in full prior to first appointment (incorporating 10% discount)	\$12,960

Neonate care INSURED & UNINSURED patients	Rate
Overnight stay for each baby in special care nursery	\$1,300 per night
Same day/Overnight stay for baby readmitted to General Ward for treatment	\$920/\$1,300 per day/night
Medical fees including anaesthetic fees, prostheses & discharge pharmacy items	Full cost per service

- If you have **private health insurance with an Australian Health Insurance fund** you must supply evidence that you and your baby will be fully covered for all services and a guarantee of payment from your insurance company. Your prenatal care will involve a \$350 charge for your initial consultation and \$260 for each subsequent outpatient consultation, (including midwife, domiciliary care and foetal monitoring each) payable prior to your appointment at the cashier office.

Maternity Care for INSURED patients	Rate
Emergency Department attendance	\$440 per visit
Outpatient visit exclusive of Pathology or Radiology services	\$350 initial/\$260 subsequent
Overnight stay – prior to the birth/for the birth/post-birth period per night	\$1,600 per night
Same day stay – prior to birth	\$920 per day
Medical fees including anaesthetic fees, prostheses & pharmaceutical services	Full cost per service

Option 4:

If you **no longer require Eastern Health to process your referral**, and/or you no longer wish to continue your planned care with Eastern Health please contact the Patient Accounts Department on 9895 3274 or 9895 3315 immediately.

Failure to respond to any of the above options within 7days will result in Eastern Health cancelling all registration.

Please note:

- You must contact your GP to arrange routine blood and urine tests, and 18-20 week gestation ultrasound as this is not included in your hospital care
- For any further assistance please call Patient Accounts on 9895 3274 or 9895 3315.

Yours sincerely

Joan Broughton
Receivables Patient Accounts Manager
Eastern Health

Please complete and return both forms to the following:

By Mail
Patient Accounts
Eastern Health
P O Box 94
Box Hill VIC 3128

By Email
@easternhealth.org.au

Form A: Outpatient registration



Please complete all sections of this form and return to Eastern Health within one week of date on letter.

Patient Details

Q1. Have you ever attended Eastern Health before? Yes No Previous Name Used

Q2. Are you a permanent resident of Australia? Yes No

Title Mrs. Ms Miss

Family Name: Suburb:

First Name: State: Postcode:

Gender: Mobile No.:

Date of Birth: Home No.:

Country of Birth: Religion:

Language spoken: Special Needs:

Do you need an interpreter? YES NO

Marital Status: Single Married Defacto/Partner Separated

Patients Indigenous State: None Aboriginal Torres Strait Islander Both

Partner's Indigenous State: None Aboriginal Torres Strait Islander Both

(Only answer if having a baby)

Patient Contact / Next of Kin

First Name & Family name: Mobile No.:

Relationship: Home No.:

Health Insurance Details

Medicare Number: Medicare expiry:

Private Insurance Details: Yes No Insurance Company:

Health Fund Number: Level of Cover:

Other Insurance Options (if applicable)

Health Care Card Number: Expiry:

Pension Card number: Expiry:

DVA: Gold White Number: Expiry:

Visit is related to: Work cover claim number: TAC Claim Number:

(Please bring supporting documentation to each visit)

GP Details

GP name: Phone No.:

Address:

Suburb: State: Postcode:

I confirm to the best of my knowledge this information provided is accurate and complete

NAME (PRINT): SIGNATURE: DATE:

Form B: Medicare Ineligible Outpatient Registration



Please complete all sections of this form and return to The Eastern Health within one week of date on letter.

Patient Details

Title Mrs Ms Miss Local Address:
(No PO Boxes Allowed)

Family Name: Suburb:

First Name: State: Postcode:

Gender: Mobile No.:

Date of Birth: Home No.:

Country of Birth: Religion:

Language spoken: Special Needs:

Do you need an interpreter? YES NO

Marital Status: Single Married Defacto/Partner Separated

Passport Number: Arrival Date:

Visa Type: Expiry Date:

Overseas Address:

Patient Contact / Next of Kin

*** Local (Australia)**

First Name & Family name: Mobile No.:

Relationship: Home No.:

*** Overseas**

First Name & Family name: Phone No.:

Confirmation of Maternity Care at Eastern Health

Q1. Do you wish to continue your planned care at the Eastern Health?

YES, please complete the remaining sections of this form What is your expected date of delivery? dd / mm / yyyy

NO, please complete the above sections of this form and return it to the hospital within **one week**

Q2. Have you ever attended Eastern Health before? NO YES Previous Name Used

Payment for Maternity Services (select one option - Not applicable for asylum seekers with documentation)

Option 1: I am insured for pregnancy care and agree to pay any shortfall between the amount charged by Eastern Health and benefits paid by my health insurance policy

Health Insurance Fund name: Policy Number

Option 2: I agree to pay \$12,960 prior to my first appointment

Option 3: I agree to pay \$14,400 in three equal installments of \$4,800 each, prior to my delivery and that the first installment is paid prior to my first appointment (NOTE: full fee must be paid if baby is due within 10 weeks)

GP Details

GP name: Phone No.:

Address:

Suburb: State: Postcode:

I confirm to the best of my knowledge this information provided is accurate and complete

NAME (PRINT): SIGNATURE: DATE: / /