

# Emergency Department

## Our Fees Explained

Your visit to the ED consists of two parts:

### 1. ED Gap Fee – \$450

**(Out-of-pocket expense, not claimable through Medicare or private health insurance)**

This fee covers, but is not limited to:

- Pathology, all blood tests and samples.
- Imaging, including x-rays, CT scans, and ultrasounds.
- All consumables such as crutches, slings, moon boots and splints.
- All medication dispensed during your visit.
- Wound care management including dressings, bandages and sutures.
- Intravenous therapy (fluids and antibiotics).

### 2. Medical Professional Attendance Fee

**(Emergency Doctor Fee)**

- This fee is determined by the level of care provided and is based on the Medicare Benefits Schedule (MBS).
- The fee is 100% covered by Medicare.
- You will need to pay this fee at discharge or upon transfer to the ward, but Medicare will reimburse 100% of the fee, usually within 24 hours, to your nominated bank account.
- The ED reception team will submit this claim on your behalf.

## Payment Process

Before leaving the ED (whether going home or being admitted), you must pay both the ED Gap Fee and the Medical Professional Attendance Fee on the day of presentation.

## Aftercare / Follow-Up Care

We offer a comprehensive aftercare service. For 7 days following your discharge from the ED or ward, you may return to the ED for follow-up or review for the same condition at no additional charge (Medicare card holders only, not applicable for Workcover).

# Admission to Hospital from Emergency

## Our Fees Explained

If you require admission to the hospital from the Emergency Department, the following additional fees may apply:

### Emergency Department Fees

As explained on the previous page.

### Imaging & Pathology

Service providers may charge fees that are not covered by Medicare or your private health insurance.

### Pharmacy

Discharge medications, non-PBS medications, and non-admission-related medications will incur an extra charge.

### Specialist Doctors

- Specialists usually charge an out-of-pocket fee that is not covered by private health insurance.
- Your surgeon, anaesthetist, or medical specialist will provide written or verbal information about these fees directly to you.

### Excess

- If applicable, your excess will be payable on admission.
- Your excess is determined by your private health insurance policy.

A comprehensive list of potential out-of-pocket fees and charges will be detailed in your admission paperwork.