

Frequently asked questions

What is a 'Gap' payment?

The 'Gap' is the difference between the combined contributions of Medicare and what your Private Health Fund will pay (100% of the Medicare rebate) and the doctor's charges. There is no complete cover under private health insurance for doctors' fees.

What is the MBS?

MBS stands for Medical Benefits Schedule. It is a list of procedures and details the rebates which the Government recognizes through the Health Insurance Commission. It forms the basis for all Medicare payments.

Why do I have to pay a 'Gap' when I have private health insurance?

The government prevents a health fund from paying more than 100% of the Medical Benefits Schedule (MBS) of fees except where there is a contract with the radiologist and the Health fund which is called a 'No Gap' arrangement. However, few radiologists have such arrangements.

Other doctors have said that there will be no 'Gap'. Why then in radiology?

Because the Government rebates are very low in radiology, and are much lower than in other specialties.

Is a 'Gap' different from an excess?

Yes. An excess is a payment you make when the cost of your hospital stay exceeds the amount your Private Health Insurer will pay to that hospital for your care. It can apply to prostheses such as hip replacement. It does not relate to the doctors' fees.

What is a co-payment?

A co-payment is when you agree with your insurance company to make a payment up front for every hospital stay. It does not relate to doctors' fees.

How do I know how many tests I will have?

This will depend on the type of procedure or operation you are having. Some operations are guided by image intensification (making images in the operating theatre to guide the surgeon). Others require certain images prior to the procedure and there may be images afterwards to check on prostheses such as a new hip. Should you have unexpected complications, then emergency imaging may also be required. You cannot be certain.

Can I discuss my fees with someone?

You should call the number provided by the Radiology department at the hospital to which you are being admitted. They are the only people who can advise you. You cannot do so through this site or on the 1800 number.

Can I discuss the size of my 'Gaps' on the 1800 number?

No. The 1800 number is there to help people who cannot access the internet. They can only advise you of the information the provider has supplied. You must call the provider of the service to discuss this further.

Why do 'Gaps' vary ?

'Gaps' vary because the Government rebates do not reflect the cost of the service. This has more impact on some services than others.

How do I use the 'Gap' information?

This information is to make you aware of the potential out of pocket 'Gap' charges you will have to pay. It is not a substitute for your permission to perform these tests. The risks and benefits of the tests will be explained at the time of the procedure.

Can I claim the 'Gaps' from Medicare or my Health Fund?

Medicare pays only 75% of the schedule fee. Your health fund will pay the difference up to 100% of the Government Schedule of fees when you are an in-patient. That is all. You pay the difference which is the 'Gap'.

When do I pay my 'Gap'?

This varies. You will receive your account from the imaging service. You can then make a claim from Medicare and your Health Fund, and then pay the 'Gap' to settle your account. In some circumstances the hospital will deal with this for you. Please discuss any difficulty with your provider. Their trained staff will be pleased to help.

What if I do not have private health insurance?

Your radiology account will receive only a 75% rebate of the Medicare Schedule amount. You will need to pay the difference to 100% of the schedule and any 'Gap'.

What about Workers' Compensation?

Generally the insurer will pay all your accounts.

What if I am a pensioner?

You should discuss your circumstances with the provider. Their number is on the information page.

