

Medical Imaging Services and Fees for Hospital Inpatients

MIA Radiology is a private medical imaging practice and a separate company from the hospital where you are staying. During your stay, your doctor/s may request medical imaging services including X-ray, CT, Ultrasound, MRI, Nuclear Medicine and interventional procedures. These tests or procedures will be provided by the staff and doctors of MIA Radiology.

Fees for Medical Imaging Services

The fees for medical imaging services are separate from the fees charged by the hospital and other doctors who may treat you during your hospital stay.

These fees may be fully or partly covered by the government Medicare rebate and your health fund. The level of cover will depend on who your insurer is, your level of insurance cover and the type of service provided. Inpatients may therefore have an out-of-pocket expense which is the gap between the Medicare rebate, your private health fund contribution and the fee we charge for the service. Our fees are set to reflect the costs, resources and time required to perform the service.

MIA Radiology has "No Gap" agreements with a large number of the private health funds. If you are insured by one of these funds you will have no out-of-pocket expenses for inpatient imaging services that are eligible for a Medicare rebate. In this instance, you will not receive an account as your imaging will be billed directly to your private health fund.

Please note that unfortunately, not all private health funds have "No Gap" agreements with medical imaging providers.

If your private health fund does not have a 'No Gap' agreement with MIA Radiology you will receive an account to enable a claim from Medicare and your health fund, and you will be responsible for any balance owing. Patients are advised to check with their health fund to determine the level of benefit they will receive.

If you have no private health cover you will receive an account and will be able to claim a portion of this from Medicare and you will be required to pay the balance.

If your medical imaging service relates to a motor vehicle claim or to a WorkCover claim, your account will be sent to either the TAC or WorkCover directly.

Veterans' Affairs Gold Card holders will be fully covered for most services and accounts will be sent directly to the Department of Veterans' Affairs for payment.

Pensioners and or Health Care Card holders will generally not incur out-of-pocket expenses for Medicare rebated imaging services, however, there are a small number of examinations and most interventional procedures where an out-of-pocket expense will be incurred.

Fee Capping

In an effort to keep your medical imaging fees to a minimum while you are an inpatient, MIA Radiology will cap out-of-pocket expenses for medical imaging services at \$450 per hospital admission. Please note however, that this fee cap does not apply to imaging services provided outside of normal business hours and for imaging services and medical consumables not covered by Medicare or your private health fund.

FOR ALL ACCOUNT ENQUIRIES PLEASE CONTACT: MIA Radiology Accounts, PO Box 5038 Brandon Park VIC 3150 T: 03 8587 5344

miaradiology.com.au

This policy is subject to change without notice