

WHY THE GAP?

Why do I have to pay out-of-pocket fees for anaesthesia?

- Private patients are usually charged a separate fee for anaesthetic services.
- Anaesthetists' fees may only be partly rebated by Medicare and health funds.
- Partial rebates mean an *out-of-pocket* expense for patients.
- Please discuss fees with your anaesthetist.
- Please check your cover with your health insurance fund and ask how much they will pay.

If you are treated as a private patient in hospital, you may be charged fees by each doctor and the hospital. This includes a separate fee charged by your anaesthetist for their specialist services.

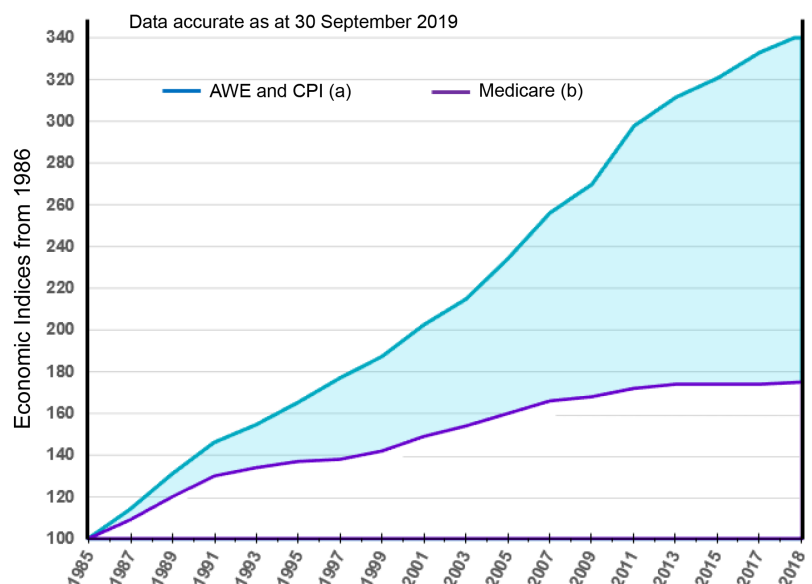
The fees are based on guidance from the Australian Society of Anaesthetists (ASA) and the Australian Medical Association (AMA) according to the complexity of the anaesthesia, whether it takes place during or after normal working hours and the time taken for the operation.

You will be given an estimate of the fees before the procedure, as part of Informed Financial Consent (IFC). The fee may be partly or wholly reimbursed by your health insurance provider or Medicare. Any part of the fee not reimbursed will need to be paid by you privately.

The rebates available from Medicare and your health fund may be lower than your anaesthetist's fees so you may have to make an out-of-pocket 'gap' payment.

Medicare and health fund rebates for anaesthesia services in Australia are well below the true value of the service provided. The annual indexation of rebates has failed to keep up with the consumer price index or average wage earnings. The costs of running an anaesthetic practice, such as staff wages and medical indemnity, continues to rise but rebates have failed to keep pace for almost 30 years, having been frozen from 2012. You can see just how much this gap has grown with the AMA graph on the right.

Any gap payable depends on the nature of the anaesthesia provided and surgery performed and it can vary between health funds. Please contact your health fund to discuss the rebates available.



(a) Index comprising of Average Weekly Earnings and Consumer Price Index (70:30) reflecting the average cost structures in medical practices.
(b) Index of Medicare fees as determined by the Commonwealth Government.