



Access Gap Cover

REDUCE OUT-OF-POCKET EXPENSES FOR
INPATIENT MEDICAL SERVICES



WHAT IS ACCESS GAP COVER (AGC)?

Access Gap Cover (AGC) is a way to reduce out-of-pocket expenses for inpatient medical services. Out-of-pocket expenses – or the ‘gap’ – is the amount you pay for medical or hospital charges, over and above what you get back from Medicare and your private health insurer. Without AGC, you may need to pay some of your medical costs for procedures at day surgery or hospital.

HOW IT WORKS

If you're treated in a private hospital as an inpatient, your medical services (e.g. doctor fees) will be charged separately from hospital accommodation and theatre fees. Medicare pays 75% of the Medicare Schedule Fee and your private health fund pays the remaining 25%. The Medicare Schedule Fee is set by the Department of Health Australia.

Some doctors charge above the Medicare Schedule Fee. This amount is known as out-of-pocket expenses or the gap amount. With AGC, you can reduce this gap amount or not have any to pay at all.

HOW TO FIND A DOCTOR WHO PARTICIPATES IN AGC

Not all doctors take part in the AGC scheme, and those who do may not list it on their website.

Check our website cbhs.com.au/AGC-search* to find a doctor who may participate or who has agreed to alternative ‘no gap’ arrangements. You’ll still need to ask the doctor if they’ll treat you under our CBHS Access Gap Cover arrangement.

Your doctor might not have used AGC before but they may consider it if you ask them. Each doctor can decide on a case-by-case basis.

*Lists are subject to change and are frequently updated.



QUESTIONS TO ASK YOUR DOCTOR

- Will you treat me under the CBHS Access Gap Cover arrangement?
- Will I need to pay any out-of-pocket expenses for my treatment? If so, can you give me a written estimate of how much I'll need to pay?
- Will any of the doctors assisting with my treatment also participate in Access Gap Cover?
- Will you send the bill to CBHS directly so that they can claim my Medicare Benefit on my behalf?

Doctors who do use the scheme will usually bill CBHS directly. This includes anaesthetists, surgeons and pathologists.

HOW TO MAKE A CLAIM UNDER AGC

If your doctor is participating in AGC, they need to send their accounts directly to us. However, if they bill you, please send the accounts to us before you pay them, along with a completed claim form. Please do not take the accounts to Medicare. We will pay your doctor/s directly, inclusive of Medicare and CBHS benefits. We will be unable to reimburse you the AGC benefits if you pay the accounts yourself.

If your doctor would like more details on Access Gap Cover, please offer them the section below.



INFORMATION FOR DOCTORS

On behalf of our CBHS member, we invite you to participate in the Access Gap Cover (AGC) arrangement.

There are no contracts to sign – this is an 'opt in' or 'opt out' arrangement. CBHS is one of 26 health funds that participate in AGC, which is co-ordinated by the [Australian Health Services Alliance](#).

CBHS recognises your right to exercise independent clinical judgement, so you retain complete control of patient care.

The advantages for you include:

- Claims paid within 21 days (or 11 days for accounts with no claims issues)
- Payment credited directly into your nominated account, inclusive of Medicare and CBHS benefits
- Remittance advice mailed to you on the same day
- Fee schedule indexed annually using the AMA formula
- Improved cash flow and reduced patient bad debt risk.

TAKE THE FIRST STEP

Find out if Access Gap Cover could help you or a family member.



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