

Medicare Ineligible Patients

Patient Accounts

Account Enquiries 03 8345 3012

Account Payments 03 8345 3007

Email: patientaccounts@thewomens.org.au



the women's
the royal women's hospital

Who is a Medicare ineligible patient?

A Medicare Ineligible Patient is someone who does not hold a valid Medicare Card, is not an asylum seeker or is not a visitor from a country that has a Reciprocal Health Care Agreement with Australia.

As a Medicare Ineligible Patient, it is your responsibility to ensure that you have health insurance or adequate funding to cover the cost of both you and your baby's health care.

Reciprocal rights

The Australian Government has Reciprocal Health Care Agreements (RHCA) with the governments of the United Kingdom, New Zealand, Republic of Ireland, Sweden, the Netherlands, Finland, Belgium, Norway, Slovenia, Malta* and Italy*

*Medically necessary health care is subsidised for a period of up to six months from the date of arrival to Australia

Asylum seekers or refugees

Asylum seekers or refugees are provided with free medical care (including diagnostic services) in Victorian Hospitals. An asylum seeker is someone who has applied for refugee status and is awaiting a decision on their application.

Will I have to pay for my health care at the Women's?

Outpatient appointments & emergency department attendances

All outpatient appointments and emergency department attendances must be paid in full at patient accounts/cashiers (ground floor) prior to your consultation. The Women's will provide you with a paid invoice and receipt that you may take to your health fund to request reimbursement.

The amount you will get back from your health fund will depend on your health insurance policy.

Inpatient admissions

Subject to receiving a 100% payment guarantee from your nominated Australian health fund provider, we will invoice your bed fee and treatment costs directly to the health fund. You will be responsible for paying any shortfall between the amount charged and the amount covered by your health fund.

If you do not hold a valid Australian health insurance policy or a payment guarantee cannot be obtained, you will be required to pay the full cost of your admission and treatment fees.

For patients with overseas travel insurance, the full cost of hospital accommodation and treatment fees must be paid at the time of admission. A receipt and paid invoice will be provided for you to submit to your travel insurance provider for reimbursement.

What information may I be asked to provide?

You may be asked to provide the following:

- Passport ID page & visa grant letter
- Up-front payment for service
- Contact details during your stay in Australia
- Overseas residential contact details
- Relevant health insurance policy details
- Evidence of immigration status (e.g. HCA card), Citizenship, interim Medicare card and/or a letter from a recognised Asylum Support Agency (e.g. Red Cross, ASRC)

*Asylum seekers/refugees who cannot provide evidence of eligibility at the time of admission/appointment are required to pay for all associated medical costs. Monies paid will later be reimbursed to the patient upon receipt of sufficient documentation.

Unpaid accounts or breach of payment arrangements will result in the escalation of your account to a debt collection agency, who by authority may report the debt to the Department of Immigration or relevant government authorities.

Medicare Ineligible Patients – Fee Sheet

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Outpatient services	Cost Per
Outpatient consultation <ul style="list-style-type: none"> - Face to face - Telehealth - Phone 	\$460.00
Allied health services <ul style="list-style-type: none"> - Physiotherapy - Dietitian - Genetic counsellor 	\$260.00
Diabetic education & Allied health phone consultation only	\$185.00
Emergency department attendance	\$650.00
Ultrasounds	\$280.00
Services billed separately	
Pharmacy Pathology & radiology Genetic testing Anaesthetics	Full Cost to Patient
Please contact your health fund to confirm if you are eligible for a rebate for these services.	

Inpatient services	Rate Per Day
Antenatal – same day	\$1,845.00
Medical/short stay unit	\$2,360.00
Maternity (birth episode)	0-1 Day \$4,760.00 2+ Days \$4,050.00
Theatre fees	<1 Hour \$784.00 >1 Hour \$1,025.00
Twin and each baby thereafter in ward with mother	\$1,250.00
Gynaecology/surgery	\$3,690.00
Reconstructive breast surgery	\$5,230.00
Intensive care unit (RMH)	\$8,600.00
Neonatal services	
NICU 0-4 Days	\$5,945.00
NICU 4+ Days	\$5,280.00
Special care nursery (Per Day)	\$4,350.00
Hospital in the Home (HITH)	\$810.00
Prosthetics	Full Cost

Maternity Package (Uninsured Maternity Patients)	Cost per birth episode
Uninsured Maternity Fee for pregnancy care and the birth of your baby - covers all medical, emergency, outpatient, inpatient, pathology, theatre, pharmacy, post-natal care services (up to 6 weeks where hospital care is required) and complex obstetric ultrasounds for high-risk pregnancies (18-20 week gestation ultrasounds and routine ultrasounds are excluded from this fee).	
Option 1: Payable in three equal instalments prior to delivery	\$20,706.00
Option 2: Payable in full prior to your first Maternity outpatient appointment (10% discount)	\$18,600.00

Payment Terms

Payment for outpatient services is required upon your arrival for treatment, regardless of whether you are covered by an Australian health insurance policy. You will receive an invoice and receipt to submit a claim to your insurer, if applicable. Full payment is required prior to your treatment, or if you have received emergency treatment, payment is required on discharge unless you are covered by an Australian health insurance policy for your inpatient services. Please note that any shortfall between the amount charged and benefits paid by your health fund remain your responsibility and must be paid by you.

Need an interpreter?		
Please contact our interpreter service	(03) 8345 3054 (03) 8345 3056	https://www.thewomens.org.au/patients-visitors/clinics-and-services/support-services/interpreters