

NATIONAL PRIVATE PATIENT PUBLIC HOSPITAL CLAIM FORM
ADVICE TO PUBLIC HOSPITAL ADMINISTRATORS

The following guidance on the completion of the hospital inpatient claim form is provided for your information.

(a) The National Private Patient Public Hospital Claim Form (NPPPHCF) is the nationally standardised form used to submit claims for the payment of benefits by health funds for all admitted privately insured patients in public hospitals across Australia. The updated form will be implemented from 1 July 2026, from which date all public hospitals will be required to use it.

An upgrade of the previous form was necessary because many of the codes and descriptions were no longer valid. It also enables the capture of additional information required by health funds to comply with Assignment of Benefits reforms, which take effect on 1 July 2026.

Strengthened informed financial consent requirements introduced under the National Health Reform Agreement 2026–31, which also commences on 1 July 2026, have also been incorporated.

(b) Completion of the NPPPHCF is to occur as follows:

- Section 1 is to be completed and signed by the Authorising Hospital Officer.
- Section 2 is to be completed and signed by the patient, or a person with the legal authority to act on the patient's behalf, at the time of admission.
- Section 3 (if appropriate) is to be completed as follows: Section 3A by the Authorising Hospital Officer and Section 3B by the patient or authorised representative.
- Section 4 is to be completed and signed by the authorised hospital officer at the time the invoice is raised, and the claim is ready for submission to the health fund, although Section 4(I), if required, must be completed and signed by the treating Medical Practitioner.

Hospitals must also ensure that all relevant Assignment of Benefits requirements are appropriately completed, signed, and retained in relation to the admission, where benefits are to be assigned to the hospital or related services as part of the claim process.

(c) One claim form will generally be sufficient to cover the entire period of hospitalisation.

- (i) For long-stay patients and paper-based claims, progressive claim forms may be issued, provided that no subsequent claim form duplicates any part of a period already covered by a prior certificate of hospitalisation. Where hospitalisation is continuous, the discharge date recorded on the preceding claim form must be repeated as the admission date on the subsequent claim form.
- (ii) A separate NPPPHCF is to be submitted for patients classified as Nursing Home Type Patients.

(d) The NPPPHCF may be forwarded to patients by mail where completion within the hospital is not possible; however, this should occur only in exceptional circumstances.

(e) A duplicate claim form may be issued where the original form is lost or destroyed (for example, where it has been lost in transit and it is not possible to obtain the required

signatures). In such cases, the original claim form must be cancelled and a duplicate issued. Private health funds will accept a certified copy of the claim form where the original cannot be recovered.

(f) Claim forms containing alterations or corrections to dates or the period of hospitalisation must not be issued. Such forms are to be cancelled and retained by the hospital.

(g) The “Principal Diagnosis” field and the “Diagnoses/Procedures/Other Details” section must be completed using diagnoses and procedures recorded in the hospital’s clinical records at the date of discharge, or at the time of preparation of the claim form thereafter.

(h) The “Theatre/MBS” section is to be completed for Day Only Patients.

(i) Where the benefit is assigned to the hospital, the relevant authority section of the claim form (e.g. Section 2, *Patient Election and Declaration Information*) must be signed by the patient or a person authorised to act on their behalf. A copy of the NPPPHCF (whether digital, physical, or scanned) must be retained on file. This requirement operates in conjunction with the completion of applicable Assignment of Benefits documentation.

(j) Accounts are to be raised and claims submitted based on the date of admission, not the date of discharge.

(k) Certification requirements are set out in Schedule 1, Part 3, Sections 10 and 11, and Schedule 3, Part 2, Section 7 of the *Private Health Insurance (Benefit Requirements) Rules 2011*:

a. Type C certification: Type C: “the medical practitioner providing the professional service must certify in writing” – so it MUST be completed and signed by the treating doctor claiming the Type C MBS as admitted either Same Day or Overnight. This is done via Section 4(l) of the NPPPHCF.

b. Type B certification: “(a) the practitioner providing the Type B procedure; or (b) a professional employed by a hospital who is involved in the provision of the procedure provided by that hospital must certify in writing” – so it can be EITHER the doctor or a professional employee of the hospital claiming the Type B procedure as Overnight. This is done via Section 4(l) of the NPPPHCF.

For clarity: overnight certification may be provided by a professional employed by the hospital who is suitably qualified to do so. This applies only in the event that the treating practitioner is not physically available to certify the certificate.

There is still a requirement for the hospital representative to consult and obtain ratification from the treating practitioner of the need for the overnight care

Your co-operation in the accurate completion of these claim forms will facilitate prompt payment of benefits by the registered funds.

The cooperation of hospital administrators in ensuring the accurate and complete preparation of these claim forms, including all relevant supporting documentation such as Assignment of Benefits forms, will facilitate the timely assessment and payment of benefits by registered health funds.