

National Private Patient Public Hospital Claim Form

This form is valid for a single episode of care

A single episode of care means the period during which a patient is admitted to a hospital to receive treatment for a particular condition or procedure.

An episode of care starts on the date you are admitted to hospital and ends when you are discharged or transferred to another facility.

1. Patient admission information

To be completed by the hospital

The patient / parent / guardian / authorised representative has been asked whether they are from a non-English speaking background	Yes	No
The patient / parent / guardian / authorised representative has requested an interpreter to assist	Yes	No Language

Section A – Patient & private health insurance details

Family name of patient		Title (Mr/Mrs/Miss/Ms/Other)	
Given name(s) of patient		Date of birth (DD/MM/YYYY)	Age
Address of patient			
Suburb	State / Territory		Postcode
Email address of patient			
Patient's private health insurance fund		Membership number	
Level of private health insurance cover		Relationship of patient to policy holder	
Family name of private health insurance policy holder			
Given names of private health insurance policy holder			
Address of policy holder			
Suburb	State / Territory		Postcode
Permanent address?	Yes	No	
Email address of policy holder (if known):			
Phone (Home)	Phone (Work)	Phone (Mobile)	
Admitting medical practitioner's details			
Name of admitting medical practitioner (or surgical podiatrist / dental surgeon)			
Applicable provider number			

Section B – Assignment of Medicare benefits for simplified billing

Assignment of Medicare benefits for simplified billing relates to authorisation by the patient, or an assignor, for Medicare to pay any eligible Medicare benefit directly to the treating health professional, hospital or hospital substitute treatment provider, usually to a private health insurer or approved billing agent, rather than reimbursing the patient.

The assignment for simplified billing may occur by requested assignment, where the patient expressly authorises payment to the hospital, hospital substitute or treating practitioner, or by implied assignment, where the patient's acceptance of the admission and claiming arrangements constitutes consent to the assignment of benefits.

Who has authority to assign a Medicare benefit for simplified billing?

The patient, where the patient is an adult with decision-making capacity.
A legally authorised representative, where the patient cannot consent, including:

- a parent or legal guardian (for a minor)
- a person acting under a valid power of attorney or guardianship order
- a person otherwise authorised to make financial / health decisions on the patient's behalf under applicable law, or
- in limited circumstances, a responsible person (for example, where the patient lacks capacity and no formal guardian exists, a person recognised under state / territory law or hospital policy may consent, consistent with substitute decision-making frameworks).

Simplified billing assignments

Please tick the following box that applies in relation to assignment of Medicare benefits for simplified billing (more than one box may be selected)

Assignor is the patient

Assignor is the private health insurance policy holder

Assignor is another person authorised by the private health insurance policy holder

If you ticked the last box, please provide the following information:

Full name of assignor

Relationship of assignor to patient who meets the consent requirements outlined above

Address of assignor (if not the patient or policy holder)

Email address of assignor

Has the assignment of benefits for simplified billing been completed: Yes No

Section C – Patient election: Informed Financial Consent document(s)

Patients must be provided the following information in accordance with the National Health Reform Agreement 2026-2031

The hospital has provided the following information to the patient / parent / guardian / authorised representative about private election, and they have had an opportunity to ask questions:

That the election decision can be delayed until further information has been provided by the hospital, medical practitioner(s), the relevant health insurer and/or others (such as cost estimates, treatment options or private health insurance coverage)	Yes	No
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Public patient

Patients with private health insurance may still choose to be admitted as a public patient	Yes	No
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Public patients are treated by doctor(s) nominated by the hospital	Yes	No
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Public patients are not charged for hospital accommodation, medical and diagnostic services, prostheses (medical devices), and most other relevant services	Yes	No
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Private patient

Private patients may be able to choose their treating doctor, where that doctor has the right to practise at the hospital	Yes	No
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Private patients may incur out-of-pocket costs for: hospital accommodation (whether a shared ward or single room); medical practitioner fees; diagnostic services; prostheses (medical devices), or other services provided not covered by private health insurance	Yes	No
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The patient will be charged the following out-of-pocket costs for a private admission (tick relevant box):

They will not be charged out-of-pocket costs (other than if discharge medication is required, or if the patient's stay extends beyond 35 days and hospital accommodation-style charges apply, which health insurers cannot cover)

They will be charged out-of-pocket costs and have been provided with quotes outlining all out-of-pocket charges

They may have out-of-pocket costs but have not been provided with quotes in relation to out-of-pocket charges

Private election and changes in circumstances

A private election cannot generally be reversed once the patient has been admitted, except in unforeseen circumstances, which may include but are not limited to: complications requiring additional procedures; an unexpected extended length of stay, or; a change in personal circumstances (e.g. loss of employment)

Yes No

Where a valid election is made and subsequently changed due to unforeseen circumstances, the change in patient status will apply from the date of the change and cannot be backdated to the date of admission

Yes No

It is not sufficient for a patient to change from private to public status solely due to inadequate private health insurance cover, unless unforeseen circumstances apply

Yes No

Making an election (Reminder: Patients can delay election decision until they have obtained policy coverage information from their health insurer)

The patient will be treated as a public patient and the hospital will allocate the treating doctor until / unless such time as a valid private election is made

Yes No

Once a valid election is made, it may be applied retrospectively to the patient's entire episode of care or course of treatment

Yes No

Changes to costs

Costs may change if complications occur, additional procedures are required, or the patient's length of stay is extended beyond what was originally and reasonably planned

Yes No

If this occurs, the hospital will have a separate discussion with the patient and provide updated information about any additional out-of-pocket costs before further informed financial consent is obtained at that time

Yes No

Voluntary decision

No direction or pressure has been put on the patient / parent / guardian / authorised representative by any hospital staff or medical practitioner in relation to their decision to be treated as a public patient or make a private election

Yes No

Election decision

The patient / parent / guardian / authorised representative has:

Elected to be admitted as a private patient

Yes No

Decided to delay the private election decision

Yes No

(if this box ticked, Section 3A should be completed by the hospital if/when a delayed private election is made)

Date (DD/MM/YYYY)

Time (24hr HHMM)

If a private election is made, the following doctor has been nominated to treat the patient (provided they have practising rights at the hospital):

Name of doctor

Doctor's contact number (if known)

Doctor's address (if known)

Section D – Hospital declaration (* Must be completed)

I certify the above information is true and correct according to our records for this hospitalisation. The hospital authorises the fund or its agent to inspect records applicable to the patient for the purpose of determining appropriate benefits.

Authorising hospital officer's signature*

Hospital provider number*

Hospital record number*

Hospital*

Date* (DD/MM/YYYY)

Time* (24hr HHMM)

2. Patient election and declaration information

To be completed by the patient / parent / guardian / authorised representative after Section 1 has been completed by the hospital

Section A – Patient private health insurance details

I confirm the patient and private health insurance information completed by the hospital in Section 1 is true and correct Yes No
 If answered 'No' to this question, please detail what is incorrect

I am (please tick the box that applies):

- the patient
- the private health insurance policy holder
- the patient's parent / guardian / authorised representative

Section B – Private patient election: Informed Financial Consent

I have been provided with the following information about the hospital admission and have had the opportunity to ask questions:

I understand I may delay making a private election decision until I have obtained further information (such as cost estimates, treatment options or about private health insurance coverage) Yes No

Public patient

I may still choose to be admitted as a public patient even though I have private health insurance Yes No

As a public patient, I will be treated by doctor(s) nominated by the hospital Yes No

I will not be charged for hospital accommodation, medical and diagnostic services, prostheses (medical devices), or most other relevant services as a public patient Yes No

Private patient

If I elect to be admitted as a private patient, I may be able to choose my treating doctor, if that doctor has the right to practise at the hospital Yes No

As a private patient, I may be charged out-of-pocket costs for hospital accommodation (whether shared room or single ward), medical and diagnostic services, prostheses (medical devices) and other services not covered by private health insurance Yes No

I have been advised the following in relation to out-of-pocket costs if I make a private election (tick the relevant box):

I will not be charged out-of-pocket costs (other than if discharge medication is required, or if the patient's stay extends beyond 35 days and hospital accommodation-style charges apply, which health insurers cannot cover)

I will be charged out-of-pocket costs and I have been provided with quotes outlining all out-of-pocket charges

I may have out-of-pocket costs but have not been provided with quotes in relation to out-of-pocket charges

Election and changes in circumstances

If I elect to be admitted as a private patient, once I am admitted as such, that election cannot generally be reversed, except in unforeseen circumstances, which may include but are not limited to: complications requiring additional procedures; an unexpected extended length of stay; or, a change in my personal circumstances (e.g. loss of employment) Yes No

If my election status changes during the admission due to unforeseen circumstances, the change will apply from the date of that change (it cannot be backdated to the admission date) Yes No

I understand I cannot change private election status solely because my private health insurance does not cover the treatment required, unless unforeseen circumstances apply Yes No

Making an election (Reminder: Patients can delay election decision until they have obtained policy coverage information from their health insurer)

If I do not make an election, I will be admitted as a public patient and treated by a doctor nominated by the hospital until / unless I make a valid private election Yes No

Once a valid election is made, I can request it be applied to the whole episode of care or course of treatment Yes No

Changes to costs

I understand my costs may change if complications arise, additional procedures are required, or my hospital stay is longer than what was originally and reasonably planned Yes No

If this occurs, I will be informed by the hospital and provided with updated out-of-pocket cost information before informed financial consent in relation to those charges is obtained by the hospital Yes No

Voluntary decision

I have not been directed or pressured by any hospital staff or medical practitioner in making the decision about whether to be treated as a public patient or make a private election Yes No

Election decision

I have elected to be admitted as a private patient Yes No

If you answered 'Yes' to the last question, when was the election made:

Date (DD/MM/YYYY)

Time (24hr HHMM)

Section C – Injury, illness and compensation information

Did the hospitalisation result from a motor vehicle accident? Yes No

Did it result from an injury or illness sustained at work, or travelling to or from work? Yes No

Did it result from an injury or illness sustained at a private property that was not the patient's home address or business? Yes No

Did it result from an injury or illness sustained in a public place or on public property (e.g. a park, a footpath, an entertainment venue, sporting ground, supermarket, library or community centre, etc) Yes No

If 'Yes' was answered for any of the above, please provide the following details: Date of injury / illness: (DD/MM/YYYY)

Description of incident / illness:

Is the patient likely to be entitled to personal injury compensation? Yes No Unsure

Has the patient already lodged / does the patient intend to lodge a claim for compensation or damages? Yes No Unsure

If the injury / illness is a potential exacerbation of a previous injury or condition that is/was the subject of a compensation claim / settlement, please provide the following:

Claim number	State / Territory where made	Claim type (e.g. workers' or road injuries compensation, public liability claim, victims of crimes compensation etc)
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Is the patient eligible for Department of Veterans' Affairs benefits? Yes No

If yes, please provide Veterans' Affairs Number / Card number and card colour

Section D – Patient declaration (* Must be completed)

I understand:

This is a legal document and all information I have provided is true, complete and correct	Yes	No
Providing false or misleading information may affect private health insurance benefit eligibility	Yes	No
This declaration relates to a single episode of care (as defined above Section 1)	Yes	No
I completed assignment of benefits document(s) provided by the hospital, treating health practitioner(s) and for other services provided during the admission	Yes	No
All fields in Section 1 were completed before I completed Section 2 and signed the declaration	Yes	No
I authorise the hospital, or any other authorities concerned with this hospitalisation, injury, disease or ailment, or the treatment or diagnosis, to supply all information, including Hospital Casemix Protocol (HCP) information as required by the Federal Government, to the private health insurer for the purpose of providing private health insurance in accordance with the health insurer’s privacy policy	Yes	No
I authorise the relevant private health insurer to pay benefits directly to the hospital / medical practitioner / other treatment service provider	Yes	No

Signature of patient / parent / guardian / authorised representative*

Date* (DD/MM/YYYY)

Time* (24hr HHMM)

3. Delayed election information and declarations

To be completed by the hospital and patient if a delayed private election is made

Section A – Hospital (* All fields are required)

I have taken the patient / parent / guardian / authorised representative through **Section 1C** again before the delayed election decision was made

	Yes	No
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The patient / parent / guardian / authorised representative has requested a delayed private election

	Yes	No
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They have requested the private election be applied:

Retrospectively for the whole episode of care or course of treatment	Yes	No
From delayed election date onwards	Yes	No

I certify the information in **Section 3** is true and correct. The hospital authorises the fund or its agent to inspect records applicable to the patient for the purpose of determining appropriate benefits.

Authorising hospital officer’s signature*

Date* (DD/MM/YYYY)

Time* (24hr HHMM)

Section B – Delayed private election: Patient (* Must be completed)

I declare as the patient / parent / guardian / authorised representative:

I have been taken through Section 1C again by the hospital before making a delayed election decision	Yes	No
I have made a delayed election to be treated as a private patient	Yes	No
I request private election status be applied to the whole episode of care or course of treatment (ticking no will result in private election status beginning from date and time delayed election is made onwards)	Yes	No

Signature of patient / parent / guardian / authorised representative*

Date of delayed election* (DD/MM/YYYY)

Time* (24hr HHMM)

4. Hospital accommodation details

To be completed by the hospital

* Certificates must be completed prior to the submission of the claim by the medical practitioner providing the treatment.

Section A – Episode details

Admission date (DD/MM/YYYY)

Separation date (DD/MM/YYYY)

Admission time (24hr HHMM)

Separation time (24hr HHMM)

Admission code	Accommodation code	Date from	Date to	Discharge code	Days claimed	Payment type code	Amount charged

Admission code

- 1 Admission claim
- 2 Continuation claim
- 3 Unplanned re-admission within 28 days
- 4 Same day
- 5 Transfer from another hospital
- 6 Other re-admission

Accommodation code

- 1 Single room
- 2 Shared room
- 3 Coronary care
- 4 Intensive care
- 5 Other (e.g. HDU)
- 6 Neonatal
- 7 Nursing home type patient
- 8 Rehabilitation program

9 Psychiatric program

- 10 Palliative
- 11 Outreach / hospital in the home care

Discharge code

- 1 Discharged
- 2 Interim claim
- 3 Deceased

4 On leave

- 5 Transferred to another hospital
- 6 Early discharge program

Payment type code

- 1 Per diem
- 2 Case payment
- 3 Other _____
(Hospital to insert other payment type)

Section B – Same-day patients only

Same-day admission (patient admitted and separated on the same date)

Admission time (24hr HHMM)

Separation time (24hr HHMM)

Same day band (1-4)

Anaesthetic:

None

Local

Intravenous

Regional

General

Section C – Time in theatre

Theatre date (DD/MM/YYYY)		From (24hr HHMM)		To (24hr HHMM)	
		From (24hr HHMM)		To (24hr HHMM)	
		From (24hr HHMM)		To (24hr HHMM)	
Theatre date (DD/MM/YYYY)		From (24hr HHMM)		To (24hr HHMM)	
		From (24hr HHMM)		To (24hr HHMM)	
		From (24hr HHMM)		To (24hr HHMM)	
Theatre date (DD/MM/YYYY)		From (24hr HHMM)		To (24hr HHMM)	
		From (24hr HHMM)		To (24hr HHMM)	
		From (24hr HHMM)		To (24hr HHMM)	

Section D – Theatre / MBS items *Principal MBS first

List all MBS items relevant to this episode

MBS item number	Date of service	Amount charged

Section E – Certificates attached

Acute Psychiatric Rehabilitation ICU PICU Hospital election form

Section F – Other Services

Code	Date of service	Number	Amount charged

Codes for claim form items are based on Hospital Casemix Protocol (HCP) data definitions published by the Australian Government Department of Health where possible.

Other Services Codes

- | | | | |
|---------------|-------------------|---------------|--------------------------|
| 1 Labour ward | 3 Pharmaceuticals | 5 Disposables | 8 Allied health services |
| 2 Theatre fee | 4 Nursery fee | 6 Prostheses | 7 Other |

Section G – Newborn information (if applicable)

Did this admission involve a birth: Yes No

Newborn sex Male Female Newborn date of birth (DD/MM/YYYY)

Newborn family name Newborn given name(s)

Section H – Clinical diagnosis & coding

DRG code	DRG version		Principal diagnosis ICD-10-AM			
Additional diagnoses ICD-10-AM						
Procedure codes ACHI *Principal procedure first						
Infant / neonate / stillborn weight (grams)	Age in days	Urgency of admission (1/2/3/9)	Mode of separation (10/ 21/ 22/ 30/ 40/ 50/ 60/ 70/ 80/ 90)		Source of referral (0-9)	
Care type (1/2/3/4/5/6/7/9/10 /11/88)	Non-acute length of stay	Total leave days	ICU hours		SCN hours	
			CCU hours		MV hours	
Same day status	Mental health legal status	Inter-hospital contracted patient	Provider No. hospital transferred from		Provider No. hospital transferred to	
	Unplanned theatre visit during episode (1/2)					

Codes for claim form items are based on Hospital Casemix Protocol (HCP) data definitions published by the Australian Government Department of Health where possible.

Infant / neonate weight

The first weight of the live born or stillborn baby obtained after birth, or the weight of the neonate or infant on the date admitted if this is different from the date of birth, measured in grams. Weight on the date the infant is admitted should be recorded if the weight is less than or equal to 9000g and age is less than 365 days.

Age in days

Age in days of Infant / neonate when an infant less than 365 days is admitted after birth.

Urgency of admission codes

- 1 Urgency status assigned – emergency
- 2 Urgency status assigned – elective
- 3 Urgency status not assigned
- 9 Not known / not reported

Mode of separation

- 10 Discharge/transfer to (an)other acute hospital
- 21 Discharge/transfer to a residential aged care service, which is not the usual place of residence
- 22 Discharge/transfer to a residential aged care service, which is the usual place of residence
- 30 Discharge/transfer to (an)other psychiatric hospital
- 40 Discharge/transfer to other health care accommodation (includes mothercraft hospitals)
- 50 Statistical discharge – type change
- 60 Left against medical advice/ discharge at own risk

- 70 Statistical discharge from leave
- 80 Died

90 Other (includes discharge to usual residence (not including residential aged care), own accommodation/welfare institution (includes prisons, hostels and group homes providing primarily welfare services))

Source of Referral Codes

The facility from which the patient was referred as follows:

- 0 Born in hospital
- 1 Admitted patient transferred from another hospital
- 2 Statistical admission – care type change
- 4 From accident / emergency
- 5 Community health service
- 6 Outpatients department
- 7 From nursing home
- 8 By outside medical practitioner
- 9 Other

Transfer codes – transfer in or transfer out

- U Up transfer: This / the next hospital stay is expected to be more resource intensive than the next / previous hospital stay
- D Down transfer: This / the next hospital stay is expected to be less resource intensive than the next / previous hospital stay
- L Lateral transfer: This / the next hospital stay is expected to be of similar resource intensity as the next / previous hospital stay
- X Unknown

Care Type Codes

The overall nature of a clinical service provided to an admitted patient during an episode of care (admitted care), or the type of service provided by the hospital for boarders or posthumous organ procurement (care other than admitted care), as represented by a code:

Admitted care

- 1 Acute care
- 2 Rehabilitation care
- 3 Palliative care
- 4 Geriatric evaluation and management
- 5 Psychogeriatric care
- 6 Maintenance care
- 7 Newborn care
- 11 Mental health care
- 88 Other admitted patient care

Care other than admitted care

- 9 Organ procurement – posthumous
- 10 Hospital boarder

ICU hours

The number of completed cumulative hours (rounded to the nearest hour down) spent in ICU or PICU. If a patient has more than one period in ICU or PICU during this episode, the total duration of all such periods is reported. (This does not include days spent in special care nurseries or high dependency units).

MV (Mechanical Ventilation) hours

The number of hours (rounded) for which the patient received mechanical ventilation during the episode.

Same day surgical bands (day only procedures)

- Band 1:** Identified by MBS or other hospital treatment
- Band 2:** MBS local anaesthetic with no sedation
- Band 3:** MBS anaesthesia or sedation less than one hour
- Band 4:** MBS anaesthesia or sedation one hour or more

Mental health legal status codes

- 1 Involuntary
- 2 Voluntary
- 9 Not reported / unknown

Inter-hospital contracted patient codes

- Contracted (destination) hospital**
 - 1 Inter-hospital contracted patient from public sector hospital
 - 2 Inter-hospital contracted patient from private sector hospital

Contracting (originating) hospital

- 3 Inter-hospital contracted patient to public sector hospital
- 4 Inter-hospital contracted patient to private sector hospital
- 5 Not inter-hospital contracted
- 9 Not stated

Unplanned theatre visit during episode

- 1 Unplanned theatre visit
- 2 No unplanned theatre visit

Section I – Day-only procedures & overnight stay certification (* Must be completed)

Day-only procedure certification

Day-only procedure certification *Schedule 3, Part 2, Section 7 – Private Health Insurance (Benefit Requirements) Rules 2011*

Date of service (DD/MM/YYYY)

Overnight stay certification

Overnight stay certification *Schedule 1, Part 3, sections 10 & 11 – Private Health Insurance (Benefit Requirements) Rules 2011*

Date of service (DD/MM/YYYY)

I certify, for this day/overnight stay, it would be contrary to accepted medical practice to provide the procedure to the patient unless the patient is given hospital treatment at the hospital for a period that does not include part of a day/overnight stay because of:

The medical condition of the patient named overleaf, namely...

Other special circumstances, namely...

Please specify medical condition and / or other special circumstances

Name of medical practitioner providing the procedure

Name of authorised hospital health professional involved in the provision of the procedure

Date and time of consultation certifying the need for overnight hospital care

Date (DD/MM/YYYY)

Time (24hr HHMM)

Signature of treating medical practitioner providing the procedure (Type B and C) or professional involved in the provision of the procedure (Type B only)*

Date* (DD/MM/YYYY)

Time* (24hr HHMM)

Hospital claim declaration (* Must be completed)

I certify the information in Section 4 is true and correct according to our records for this period of hospitalisation and confirm the relevant certificate(s) is/are attached. The hospital authorises the insurer or its agent to inspect records applicable to the patient for the purpose of determining appropriate benefits.

Authorising hospital officer's signature*

Date claim submitted* (DD/MM/YYYY)

Time* (24hr HHMM)