

# Media Release

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## **Patient rights and transparency strengthened for private treatment in public hospitals from today**

Patients considering using their private health insurance in a public hospital will receive clearer, more consistent information about their rights from today, with the rollout of a new national claim form backed by private health insurers to improve transparency around private patient elections.

Public hospitals nationwide will be required to complete and submit the new form to receive payment from private health insurers for treatment provided to privately insured patients.

Health funds paid nearly \$1.5 billion to state and territory governments for the treatment of privately insured patients in public hospitals in the year to March 2026.

The peak body representing health insurers, Private Healthcare Australia (PHA), says around three-in-ten patients who elect to be treated as a private patient in a public hospital are charged an out-of-pocket cost. In many cases, these patients are unaware of these charges after making a private election.

To strengthen informed consent and ensure consumers are better informed about the financial consequences of a private election, PHA has introduced the updated [National Private Patient Public Hospital Claim Form](#), requiring public hospitals to provide clearer, more comprehensive information to patients before they make an election decision.

Private health insurers have driven this reform to ensure their members are better informed and protected from bill shock for costs health funds cannot legally cover. The new form addresses these issues by:

- requiring public hospitals to provide clearer information on patient rights and responsibilities
- strengthening informed financial consent (IFC) requirements, and
- supporting more transparent and accountable communication between patients, hospitals and insurers.

The new forms also make it clear that patients have the right to be treated as either a public or private patient and a statement signed by the patient or their legally authorised representative acknowledging they have been fully informed of the consequences of their election, understand those consequences and have not been pressured or directed by a hospital employee to make a private election.

The form's IFC requirements better reflect provisions within the National Health Reform Agreement 2026-2031 signed by the Prime Minister and each state Premier or territory Chief Minister. The Agreement, which brings with it around \$25 billion in additional funding from the Commonwealth, takes effect today.

Hospitals will have to complete a simple declaration that they have informed the patient they:

- will not incur out-of-pocket costs
- will incur out-of-pocket costs and cost estimates have been provided, or
- may incur out-of-pocket costs, but quotes have not been provided.

PHA Chief Executive Dr Rachel David said the reform reflected the health insurance sector's strong focus on protecting consumers' interests.

*Private Healthcare Australia is the peak representative body for Australia's private health insurance industry. PHA represents 21 Australian health funds and 15 million Australians (55% of the population) who have private health insurance.*

“Private health insurers are committed to making sure their members are properly informed before they make decisions about their care,” Dr David said. “Patients should never be left uncertain about their rights or exposed to unexpected costs because they weren’t given clear information.”

She said the outdated forms and associated processes had restricted health funds’ ability to:

- verify claims accurately
- detect inappropriate billing practices, and
- investigate disputes effectively, particularly where patient experiences differ from what hospitals claimed they had advised.

The new form significantly improves the quality and completeness of information collected at the point of claim – from both the hospital and the patient (or their authorised representative) – strengthening the integrity of claiming arrangements.

The updated form also supports new legislative obligations under amendments to the *Private Health Insurance Act 1973* commencing on 1 July 2026. Under new simplified billing requirements, insurers must notify patients – or the person assigning a Medicare benefit on their behalf – within six months of a benefit being paid.

To help insurers meet these obligations, the updated form captures additional critical information, including the identity of the assignor, which until now health funds have had no visibility of, and contact details required for follow-up communication, including mandatory notifications.

The form was developed following consultation with health funds, the Department of Health, Disability and Ageing, state and territory health departments, and public hospital representatives, among other stakeholders.

Dr David said stronger oversight and transparency was essential to ensuring value for health fund members and to contain upward pressure on health insurance premiums.

“These changes will ensure patients better understand their options, minimise the risk of unexpected costs, and strengthen confidence in how private health insurance operates within public hospitals,” she said.