

Circular No: 27/93
Date: 18/6/93

Contact: Regional Office
Distribution: Public Hospital
Health Insurance Funds

Subject: Public Hospital Fees

The schedule of charges applicable to the following public hospital services has been reviewed and revised fees will be introduced from 1 July 1993. These changes replace the relevant sections detailed in Circular No. 22/1992.

1. INPATIENT FEES

Boarders

The fee for boarders accompanying patients will increase from \$8.00 to \$8.10 from 1 July 1993. This charge does not include the cost of meals.

2. OUTPATIENT FEES

Spectacles

Spectacles	Fee (\$)
(a) (i) Single vision lens	17
(ii) Bi-focal lens	25.50
(iii) Where patient supplies own frame (all lens type)	8.50
(b) Other patients (i.e. those who do not hold either a Pensioner Health Benefit Card, Health Care Card, Health Benefits Card, or a Pharmaceutical Benefits Concession Card.	At Cost

3. DAY HOSPITAL PATIENTS

The fee for day hospital patients (excluding special class patients) will increase from \$4.20 to \$4.25 per day on 1 July 1993. This fee will apply for two days per week and thereafter will be determined by the hospital in accordance with the patient's financial circumstances.

4. PRESCRIBED NURSING HOME & NURSING HOME SECTIONS OF PUBLIC HOSPITALS

(i) Inpatients

The following fees apply to non compensable patients (including DVA patients):

	Fee per day (\$)
(a) Basic Nursing Home Charge	48.50
(b) Additional Extensive Care Charge	6.00
(c) Additional Patient Contribution	23.05
(d) Additional Charge	14.20

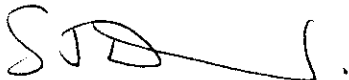
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These fees do not apply to "adjusted fee nursing homes" (i.e. those funded by the Commonwealth Government on a modified CAM/SAM basis). Fees in those nursing homes are prescribed by the Commonwealth Department of Health, Housing, Local Government & Community Services under the provisions of the National Health Act.

(ii) **Day Hospital**

The fee for day hospital non-compensable patients will increase from \$4.20 to \$4.25 per day on 1 July 1993. The fee will apply for two days per week and thereafter determined by the hospital in accordance with the patient's financial circumstances.



S J DUCKETT
Director
Acute Health Services

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