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Important notice:

This brochure is intended to provide general information only and has been prepared without taking into account any particular person's circumstances. Before acting on this information, you should consider the appropriateness of this information having regard to your personal objectives, financial situation and specific health or other needs. We recommend you undertake your own investigations and consider independent advice specific to your situation before making any decision in relation to your own health insurance coverage requirements.

Want a better physio rebate?



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Do you visit your physio regularly and think you should be receiving a greater rebate?

Recent data collected by the Australian Physiotherapy Association (APA) shows that certain major health funds in Australia have not substantially increased the rebate for seeing some physiotherapists in over a decade. The APA believes this is inequitable and unfairly pressures patients into the health insurer's selection of physiotherapist, despite choice being a core tenet of the Australian private health system. The APA believes that freedom of choice in selecting the physiotherapist best able to treat a specific injury or condition can facilitate early recovery and return to health.

What should you expect?

In evaluating whether a health fund is right for you, you should seek a fund that:

- Meets your needs.
- Provides good rebates for the services that you need.
- Offers flexibility to enable you to choose the physio that you want to see if you may require physiotherapy.

What should your rebate be?

The APA believes health insurers should ideally offer a premium product for physiotherapy coverage which has the following features.

- rebates 75% of a service provided at market rate for both individual and group consultations
- provides a minimum of 15 services per year, with initial consultations as needed for each episode
- pays higher rebates for more experienced and qualified physiotherapists
- allows your choice of physiotherapist without being financially disadvantaged

So what can you do about it?

Contact your health fund and ask the following questions:

- Why have your premiums substantially increased over the past decade when your rebates for visits to non-preferred providers have not increased?
- Why are you advised to see a preferred or network provider to get a higher rebate, when as the patient you should be able to choose the physiotherapist you want to see?
- Why should you pay the same premium as all equivalent members, and be penalised for choosing a non-preferred provider?

For further information you can visit www.privatehealth.gov.au. This site allows you to compare all of the major health funds costs, features, coverage, inclusions, and exclusions so that you can make a more informed decision on which private health coverage best suits your individual needs. This webpage will also inform you of the health insurance rebate information and the lifetime health cover loading.



Remember:

If you want to move from one fund to another, you will not have to re-serve waiting periods if you transfer to a policy that is at the same or a lower level of benefit. Your new fund must give you continuity for the waiting periods you have already served.

However, if your new plan includes new or higher benefits that were not part of your old policy, you will have to wait for the expiration of any applicable waiting period for those benefits to apply. Benefits paid by the previous fund may be taken into account by your new fund when it determines your annual benefit limits. Of course the cost of premiums may also differ between funds.

Transferring between insurers will generally not affect your lifetime health cover entitlements, provided that you transfer from hospital cover with your existing health fund to hospital cover with the new health fund.

If you decide to cancel your policy, your health fund should pay back any contributions you have paid in advance. The fund may deduct a typically small administration charge.