



Medical imaging services and fees for private hospital inpatients

I-MED Radiology Network is a private medical imaging company, separate from the hospital where you will be admitted. During your stay, your doctor/s may request medical imaging services including x-ray, CT, Ultrasound, MRI, Nuclear Medicine and interventional procedures. These tests or procedures will be provided by the staff and doctors from I-MED Radiology Network.

Fees for Medical Imaging Services in private hospitals

The fees for medical imaging services in a private hospital are separate from the fees charged by the hospital and other doctors who may treat you during your hospital stay.

These fees may be fully or partly covered by the government Medicare rebate and your health fund. The level of cover will depend on who your insurer is, your level of insurance cover and the type of medical imaging services provided. There may be instances where private hospital inpatients incur an out-of-pocket expense, which is the gap between the Medicare rebate, your private health fund contribution and the fee I-MED Radiology Network charges for the imaging service.

I-MED Radiology Network has 'No Gap' agreements with a large number of the private health funds. If you are insured by one of these funds you will have no out-of-pocket expenses for inpatient imaging services that are eligible for a Medicare rebate. In this instance, you will not receive an account as your imaging will be billed directly to your private health fund.

Please note that not all private health funds have 'No Gap' agreements with medical imaging providers. If your private health fund does not have a 'No Gap' agreement with I-MED Radiology Network, you will receive an account from us, which you can claim from Medicare and your health fund. You will be responsible for any balance owing after these claims have been made. Patients are advised to check with their health fund to determine the level of benefit they will receive.

If you do not have private health insurance you will receive an account from I-MED Radiology Network. While you can claim a portion of this from Medicare, you will be responsible for any balance owing.

If you do not have a valid Medicare Card, you will be expected to pay for the service on the day of your procedure. A receipt will be issued to enable you to claim from your insurer (if applicable).

If your medical imaging examination or procedure relates to a motor vehicle claim or to a WorkCover claim, your account will be sent to either the TAC or WorkCover directly. Please provide our staff with your valid claim number at the time of booking your appointment. Please note that in the event that your claim is rejected or claim is denied, you will be responsible for payment of the account.

Department of Veterans' Affairs Gold Card holders are fully covered for most medical imaging services and accounts will be sent directly to the Department of Veterans' Affairs for payment. In some cases pre-approval for particular imaging procedures is required.

Pensioners and/or Health Care card holders generally do not incur out-of-pocket expenses for Medicare-rebateable imaging services. However, there are some examinations and procedures where an out-of-pocket-expense will be incurred.

For any query relating to this document, please contact us on:
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