



## **Billing policy**

Your biopsy (tissue sample) has been sent to Histolab for evaluation and reporting. Your tissue sample has been collected at either your doctor's surgery (Outpatient) or collected while you were in a hospital (Inpatient).

Histolab is a private specialist pathology provider, and as such does not automatically bulk-bill its services. The billing procedure for pathology testing is a complex process that is dependent on a number of variables.

### **Outpatients**

You will receive an account for pathology services provided by Histolab as an Outpatient (specimen obtained in doctor's surgery) in most circumstances (unless you are a Veterans Affairs Gold Card holder).

When your account is paid, you can submit the receipt to Medicare and claim your rebate.

There will be an Out of Pocket amount (not covered by Medicare) which will vary depending on the number and complexity of specimens received. The range of out of pocket expense will be \$30 - \$150. The higher fee will be for the most complex specimens only.

If you are a Pensioner or Health Care Card holder, you may be eligible for, or, have already been discounted on our normal fees.

### **Inpatients**

Histolab has entered into agreements with the majority of private health funds. This means that should you belong to one of the "no gap" health funds listed on our Health Fund Agreements document (see our website), Histolab will bill that health fund directly and you will not receive an account, for any pathology received as a result of a procedure performed by your doctor in a hospital or accredited day procedure facility.

If your private health fund does not have a 'no gap' agreement with Histolab you will receive an account from us. When your account is paid, you can submit the receipt to Medicare for your rebate as well as your private health fund for a further rebate.

### **Tests referred to an alternative pathology provider**

In some circumstances it might be necessary to send some of your pathology to an alternative provider.

That provider will have their own billing policy and the patient is fully responsible for any costs involved.

**Tests that are not covered under the Medicare Benefits Schedule**

If any tests requested are ineligible for a Medicare rebate you will receive an account which will need to be paid in full.

Patients who do not have a valid Medicare card will receive an account, which will need to be paid in full.