# Case study – Patient election to receive a public or private service

## Case study

Ms A takes her son to a public hospital emergency department because he has just swallowed a button battery. The child is admitted and undergoes an endoscopic removal of the button battery performed by gastroenterologist, Dr B. The child is observed overnight and discharged the next day.

The next month when Ms A checks her [myGov](https://my.gov.au/) account for medical services provided to her son. She is surprised to find that her son received a bulk billed consultation from Dr B.   
She is concerned because her son was admitted as a public hospital patient. Even though they have private health insurance, as it was only a short stay. Ms A signed the hospital administration form to say that her son was to be admitted as a public patient.

Ms A contacts the department to make a complaint.

## Is this appropriate?

No.

Medicare benefits are not payable for services provided to a public patient in a public hospital.

Clause G18 of the [National Health Reform Agreement](https://www.health.gov.au/initiatives-and-programs/2020-25-national-health-reform-agreement-nhra) stipulates that:

* Eligible patients have the right to elect to be admitted as a public patient regardless of their private health insurance status.
* A public hospital must not assume that a patient who has private insurance will automatically elect to be admitted as a private patient.
* A patient election form must be made in writing based on informed financial consent.

## Key points

* Medicare benefits are not payable for services provided to a public patient in a public hospital.
* A public hospital must not assume that a patient who has private insurance will automatically elect to be admitted as a private patient.