

## Ex Gratia Funding Applications – Surgeon Guidelines

Ex gratia payment in private health insurance is a voluntary, discretionary payment made by an insurer to the Hospital, despite the policy not formally covering the treatment, service or device. Examples of Items Requiring Ex Gratia Application:

- *Devices not listed on the Commonwealth Protheses List (CPL)* e.g. Custom-made grafts for vascular procedures, Orthopaedic implantable not listed on the CPL
  - *High cost consumables-* SpyGlass™ systems
  - *Procedures with no MBS -*Faecal transplants
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### Key Considerations

- Ex Gratia approvals are entirely discretionary.
- Health funds may decline the request without providing a reason.
- Surgeons are strongly encouraged to inform the patient in advance that:
  - Approval is not guaranteed
  - Out-of-pocket expenses may apply if funding is declined.

### Submission Process

- All required documentation must be emailed to: [exgratia@cabrini.com.au](mailto:exgratia@cabrini.com.au)
- Minimum 2 weeks prior to the scheduled procedure date.
- Late submissions may result in inability to obtain a funding decision prior to surgery., requiring an payment from patient pending outcome.

### Mandatory Documentation Required

*BUPA, AHSA, HCF and HBF have specific forms to be completed, and these can be accessed by double clicking the weblinks listed below:*

**BUPA:** [www.cabrini.com.au/wp-content/uploads/BUPA.pdf](http://www.cabrini.com.au/wp-content/uploads/BUPA.pdf)

**AHSA:** [www.cabrini.com.au/wp-content/uploads/AHSA.pdf](http://www.cabrini.com.au/wp-content/uploads/AHSA.pdf)

**HCF:** [www.cabrini.com.au/wp-content/uploads/HCF.pdf](http://www.cabrini.com.au/wp-content/uploads/HCF.pdf)

**HBF:** [www.cabrini.com.au/wp-content/uploads/HBF.pdf](http://www.cabrini.com.au/wp-content/uploads/HBF.pdf)

*Completion of the **Generic form (see below)** is required for the following: **Nib, GUCOR, Mildura District Hospital Fund, St Lukes Health.***

- Patient Details
  - Full name
  - Date of Birth
  - Private Health Fund and Membership Number
  - Proposed date of surgery
- **Supplier's Documentation**
  - Copy of the supplier's invoice or formal quote (including patient details, item description and cost)

- **Clinical Justification**

A signed letter from the treating surgeon outlining:

- Clinical Indication
- Why the requested device/consumable is required
- Why listed alternatives (if applicable) are not suitable

- **Device Certification**

Relevant supporting certification, where applicable, including:

- Manufacturer's certificate
- TGA approval/certification
- Any additional regulatory documentation

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*Incomplete applications cannot be submit*

# Application for Ex Gratia request for non-listed devices and consumables

## 1. Hospital information

Hospital name and provider number: **Cabrini Health 035790X**

Hospital contact person: \_\_\_\_\_

Contact details, phone and email: **exgratia@cabrini.com.au**

## 2. Specialist details:

Specialist's Name: \_\_\_\_\_

Speciality: \_\_\_\_\_

Specialist's phone and email: \_\_\_\_\_

## 3. Member Information

Member name: \_\_\_\_\_

Member DOB: \_\_\_\_\_

Health Fund and Membership no: \_\_\_\_\_

## Specialist to Complete

### 4. Member's clinical information

Principal diagnosis: \_\_\_\_\_

\_\_\_\_\_

Other diagnoses/comorbidities: \_\_\_\_\_

Surgical procedure performed: \_\_\_\_\_

MBS (S): \_\_\_\_\_

### 5. Device/prosthesis

What device/prosthesis is being requested? \_\_\_\_\_

Is this a custom-made device?                      Yes              No

Is the device listed on the TGA?                      Yes              No              ARTG number

Is the device 3D printed?                              Yes              No

If not, have you obtained Special Access Scheme (SAS) approval?

Yes                      No                      (please provide certificate)

Is this device scheduled for listing on the Government Prosthesis list?

Yes                      No

Are there alternative devices on the prosthesis list?

Yes                      No                      (please provide billing codes)

If yes, why are they not suitable in this instance?

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Cost of device \$ \_\_\_\_\_(please provide manufacturer quote)

For multiple devices please list detail

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