

A photograph of a woman with blonde hair, wearing a black short-sleeved top, smiling warmly at a young woman with blonde hair lying in a hospital bed. The patient is wearing a blue and white striped hospital gown and is looking up at the woman. The woman's hand is resting on the patient's shoulder. In the background, there are some flowers and medical equipment. A yellow rectangular box is overlaid on the right side of the image, containing the text 'Your Hospital Stay'.

*Your
Hospital
Stay*

hbf

Everything you need to know about Your Hospital Stay.

When you need to go to hospital, your first priority should be to get better. So we've put together this brochure to help ease any concerns and to provide some important and useful information about your hospital stay.

We've broken the information down into things you might need to know before, during and after you're admitted to hospital. If you need to know more at any stage, please don't hesitate to call us on 133 423.

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Prior to your hospital stay.

A quick checklist

If you're able to, you should call us before being admitted to hospital to discuss your cover and any out-of-pocket expenses you might incur.

So that we can provide accurate advice, you should first get quotes from your surgeon and anaesthetist, and you'll need to have the following information available when you call;

- the name of the hospital
- the surgeon's name
- the anaesthetist's name
- your hospital admission date
- whether you are a day patient or an overnight patient
- the medical practitioner's fees for your surgery or procedure (you can contact your surgeon for this information)
- the item numbers for your treatment (this will be on your surgery quote, or you can contact your surgeon)
- the item numbers and charges of any surgically implanted prostheses to be used in your procedure

Once you have the information on hand, call us to talk through the following checklist.

Member Details		
Is your HBF membership paid and current?	Yes	No
Is the procedure covered under your particular level of cover?	Yes	No
Have you completed any relevant waiting periods?	Yes	No
Medical		
Is your specialist or other doctors fully covered?	Yes	No
Accommodation		
Will you have a single room?	Yes	No
Will you have a shared room?	Yes	No
Do you have any co-payment for your room?	Yes	No
Will you have an excess to pay if you stay overnight?	Yes	No
Theatre/Labour ward		
Are you going to need a theatre or labour ward?	Yes	No
Do you have a co-payment for the theatre?	Yes	No
Prostheses		
Will you need a prosthesis when you go to hospital?	Yes	No
Is your prosthesis fully covered?	Yes	No
Pharmaceutical		
Will you need any drugs when you're in hospital?	Yes	No

Accommodation

When you go into hospital, regardless of whether you have a procedure or not, in most cases you'll be charged for a hospital room, which we'll pay a benefit towards. However, depending on your level of cover, you may be required to pay a co-payment.

The table on the next page shows whether you'll be fully covered or need to make a co-payment for single, shared and maternity accommodation, for procedures that are covered by your policy.

For procedures and treatments that are restricted on your level of cover, we'll pay a small benefit for accommodation. And for excluded procedures, we don't pay an accommodation benefit. You can refer to the table on page 10 to see what's restricted or excluded on your level of cover, and it's always a good idea to call us before your hospital stay to check exactly what's covered.

If you've opted to reduce your premiums by adding an excess to your cover, you may need to pay an excess in addition to any accommodation co-payments outlined in this table. Excesses are covered in more detail under 'Common out-of-pockets' on page 11.



Your HBF Policy	Accommodation Covered at Participating Hospitals
Ultimate	Members with an Ultimate policy receive 100% cover for single or shared accommodation in any hospital (even non-participating hospitals), including for maternity.
55 Plus Twin Pack	<p>Single room: Members with 55 Plus Twin Pack cover may need to make a co-payment towards the cost of a single room for up to six days of a hospital stay. After this, the accommodation fee is 100% covered (except for psychiatric treatment).</p> <p>Shared room: Accommodation in a shared room is fully covered.</p>
Smart Saver Twin Pack	<p>Shared room: Accommodation in a shared room is fully covered. If shared accommodation isn't available, you may need to pay the additional cost between the shared room and single room rate.</p> <p>For maternity: Accommodation fees are 100% covered for the first three days in a single room. After this, you may need to make a co-payment towards the cost of the next six days. And if you're in hospital for any longer, the additional days will be fully covered.</p>
Young Singles Saver Twin Pack and Young Singles Saver Hospital	<p>Shared room: Accommodation in a shared room is fully covered. If shared accommodation isn't available, you may need to pay the additional cost between the shared room and single room rate.</p>
Top Hospital	<p>Single room: Members with Top Hospital cover may need to make a co-payment towards the cost of a single room for up to six days of a hospital stay. After this, the accommodation fee is 100% covered (except for psychiatric treatment).</p> <p>Shared room: Accommodation in a shared room is fully covered.</p> <p>For maternity: Accommodation fees are 100% covered for the first three days in a single room. After this, you may need to make a co-payment towards the cost of the next six days. And if you're in hospital for any longer, the additional days will be fully covered.</p>
Intermediate Hospital	<p>Shared room: Members with Intermediate Hospital may need to contribute to the cost of a shared room for up to six days of a hospital stay. After this, the accommodation fee is 100% covered (except for psychiatric treatment). If shared accommodation isn't available, you may need to pay the additional cost between the shared room and single room rate for the full length of your stay.</p> <p>For maternity: Accommodation fees are 100% covered for the first three days in a shared room. After this, you may need to make a co-payment towards the cost of the next six days. And if you're in hospital for any longer, the additional days will be fully covered.</p>
Healthy Saver Hospital	<p>Shared room: Members with a Healthy Saver Hospital policy are fully covered for accommodation in a shared room. If shared accommodation isn't available, you may need to pay the additional cost between the shared room and single room rate.</p> <p>For maternity: Accommodation fees are 100% covered for the first three days in a single room. After this, you may need to contribute towards the cost of the next six days. And if you're in hospital for any longer, the additional days will be fully covered.</p>

Waiting periods

As with most health insurance, there are waiting periods that apply before you can receive benefits. These waiting periods also apply when transferring to a product that may have higher benefits (if the waiting periods on your new level of cover aren't complete, we'll pay benefits at your previous level of cover).

Waiting periods protect our members by ensuring a new member can't make a large claim shortly after joining or upgrading their cover and then drop their membership; which would result in increased premiums for all members.

The table below is a brief overview of waiting periods that may apply to your hospital treatment. However, if you're unsure whether you've served the relevant waiting period for your treatment, just call us and find out.

If you haven't completed the necessary waiting period, we may not be able to pay a benefit or may have to pay it at your previous level of cover (if you've transferred to a higher level of cover).

Waiting Periods

Pre-existing ailments or conditions* 12 month waiting period	Is an illness or condition which, in the opinion of a Medical Practitioner (appointed by HBF), was known to exist, or where signs or symptoms were evident during the six month period before you became an HBF member or transferred to a product that may have higher benefits.
Maternity and birth related services 12 month waiting period	
Other hospital treatments 2 month waiting period	Including surgical.
Urgent Ambulance 7 day waiting period	Cover for urgent ambulance transport

Waiting Periods for Additional Covers

Ambulance Plus 30 day waiting period	Cover for elective ambulance services
GapSaver – Pre-existing ailments or conditions 12 month waiting period – Maternity 12 month waiting period – Other hospital treatments 2 month waiting period	A small additional premium lets you build a safety net of benefits that you can use to pay some out-of-pocket costs for eligible hospital stays.

*Does not apply for psychiatric, rehabilitation, or palliative care

Pre-existing conditions

If you've been an HBF member for less than 12 months or have transferred to a higher level of cover in the last 12 months, a waiting period for pre-existing conditions may also apply. Please see the Waiting Periods table on the previous page for the definition of a pre-existing condition.

It's important to contact us as early as possible to find out whether you'll be eligible for benefits for your treatment and if you'll need to complete a Pre-Existing Condition form, because if your condition is determined to be pre-existing, you'll be required to pay all outstanding hospital and medical charges not covered by Medicare.

A note on excesses

If you add or increase an excess on your cover, the new or increased excess will apply to any hospital stay from the date you add or increase the excess amount. However, if you remove or reduce the excess on your cover, waiting periods will apply. Again, this is to protect our members by ensuring people don't drop the excess from their cover just before being admitted to hospital; which would increase premiums for all members.



Restrictions and exclusions

There are some procedures that we don't pay a benefit for (excluded) or that we only pay a small benefit towards (restricted). So it's important to get a quote for your hospital treatment that lists the item numbers and then call us before your hospital stay so we can check that the items aren't excluded or restricted on your cover.

The following table shows restrictions and exclusions specific to levels of cover (other types of cover, such as Top Hospital, don't have product-based exclusions or restrictions).

Your HBF Policy Type	Restrictions	Exclusions
Smart Saver Twin Pack	Cataract and eye lens procedures, heart procedures, joint replacement surgery, psychiatric care.	
Young Singles Saver Twin Pack and Young Singles Saver Hospital	Psychiatric care	Maternity and birth related services, assisted reproduction (such as IVF), cataract and eye lens procedures, heart procedures, and joint replacement surgery.
Healthy Saver Hospital	Psychiatric care	Cataract and eye lens procedures, heart procedures, and joint replacement surgery.
55 Plus Twin Pack		Maternity and birth related services, assisted reproduction (such as IVF).

Please note that in addition to the procedures in the table, items that aren't eligible for a Medicare benefit, such as cosmetic surgery, are also excluded on all levels of cover.

Common out-of-pockets

Even though you have private health insurance, there are likely to be some things that you'll have to pay for when you go into hospital. So there aren't any surprises, we've listed some of the common out-of-pockets associated with going to hospital.

Accommodation co-payments

If you're staying at the hospital overnight, you may need to pay a co-payment towards your accommodation. The table on page 7 details whether you'll need to make a co-payment based on your level of cover. The accommodation co-payment amount will vary between hospitals, so contact us to find out exactly how much you'll need to pay.

Additional cost for single room

HBF don't have any control over what type of room will be available at the hospital you choose. So if you're not covered for single accommodation but the hospital only has single rooms available for your stay, you may have to pay the additional cost between the shared room and single room rate.

Accommodation excesses

If you've opted to reduce your premiums by adding an excess, you may need to pay an excess for your hospital stay, in addition to any accommodation and theatre co-payments that may apply. An excess is only paid when you need to stay in hospital overnight and is only paid once per member, per calendar year, to a maximum of twice per family policy.

This means if you don't have an overnight hospital stay, you don't have to pay the excess. And if you're admitted to hospital several times in one year, you'll still only pay the excess once.

You don't need to pay an excess for any dependent children on your policy (unless you're on Healthy Saver Twin Pack or Young Singles Saver Twin Pack; for these levels of cover, the excess is payable for dependants).

Scope procedures

In some hospitals, you may need to pay a \$50 theatre co-payment for scope procedures such as endoscopies, colonoscopies and gastroscopies, regardless of whether or not you stay overnight.

Pharmacy

When you're admitted to hospital, it's more than likely that pharmaceuticals will be administered. The Government subsidises the cost of some pharmaceuticals under the Pharmaceutical Benefits Scheme (PBS), and we pay a benefit towards the cost of non-PBS pharmaceuticals administered during a hospital stay.

This benefit is limited to \$1,400 per hospital episode, with a co-payment of \$100. The number of patient episodes payable per year is unlimited, however readmissions within 7 days may be considered continuous and therefore one limit applies to both. For members on Ultimate cover, there's no benefit limit or co-payment.

Pathology & radiology

Just like your surgeon, specialist and anaesthetist; pathology and radiology providers will either be fully covered, have a known-gap or no agreement (see the next section on 'The medical gap'). This means that you could have to make a 'gap' payment for x-rays, blood tests and other tests performed in hospital.

In-hospital physio, speech therapy and other allied health services

Following your surgery, you may need physio or other types of therapy. These services are included on some Essentials cover, but not Hospital only cover. If you're on an Essentials or Twin Pack cover which includes these services, HBF may pay a benefit towards them, but you're still likely to have an out-of-pocket cost. Members with an Ultimate policy will be fully covered for these services. If you're unsure about what's included in your cover and what benefits we pay, please call us.

Prostheses

Prostheses are the surgically implanted devices you may need if you have a procedure such as joint replacement, cataract surgery and some heart procedures. Most prostheses are fully covered, however there are some prostheses that may attract an out-of-pocket expense. So it's a good idea to discuss your choice of prosthesis with your medical practitioner.

To find out if you'll have any out-of-pocket costs for your prosthesis, you'll need to know the item number and charge for the prosthesis and the item number of the procedure you'll be having. When you have this information, contact us so we can let you know the amount of any gap you may need to pay.



Aids to recovery

While you're in hospital, you may need items to assist in your recovery, such as slings or compression stockings. We don't pay benefits towards these items, except for members with Ultimate cover. But if you have GapSaver you can use your GapSaver balance to cover these costs.

Hospital facilities and incidentals

Hospitals may charge for access to facilities like phone, wifi, television and Foxtel, as well as other incidentals. It's a good idea to check the costs of hospital facilities and services with the hospital directly, so they can clearly explain any costs you could incur.

HBF don't pay benefits towards these incidentals, except for members with Ultimate cover. But if you have GapSaver you can use your GapSaver balance to cover these costs.

The medical gap

The medical gap isn't easy to explain, but it's important for you to understand before you select your medical practitioners. If your medical practitioner (like your doctor, surgeon, specialist or anaesthetist) charges more than the Medicare Benefits Schedule (MBS) fee, there'll be a 'gap' to be paid to the doctor. HBF may cover all, some or none of

this gap, depending on the agreement we have with the doctor. The doctor will fall into one of three categories:

1. Fully Covered: These practitioners are fully covered by Medicare and your HBF insurance, so you won't have anything to pay.
2. Known-Gap: These practitioners have agreed to charge a fixed amount above the MBS fee. HBF will cover some of this gap, but you may also have an out-of-pocket cost. However, for some procedures, 'known-gap' doctors might opt to charge above the agreed amount. So 'known gap' practitioners should provide you with details of out-of-pocket expenses in writing prior to the procedure; you'll need to agree to these charges before your surgery, which is referred to as giving your 'informed financial consent'.
3. No Agreement: These doctors choose not to participate in any form of gap cover. If you use a 'no agreement' provider, you'll have to pay all costs that are charged above the MBS fee.

HBF has fully-covered arrangements with more doctors in WA than any other health insurer. To minimise your out-of-pocket costs, call us or speak with your doctor prior to treatment to find out what arrangement they have with HBF and what (if any) gap you'll have to pay.

Many surgeons work with a preferred anaesthetist and may also use an assistant. Speak with your doctor prior to your procedure to find out who will be your anaesthetist and if anyone else will be involved in your surgery, so you can check with us whether these supporting medical practitioners will be covered.

It's also a good idea to check whether your doctor and anaesthetist will invoice you directly or submit an account to HBF, so that you know what to expect after your hospital stay.

GapSaver

GapSaver allows HBF members to put aside a little extra money each time they pay for their health insurance. The balance accumulates over time (and the Federal Government also contributes 30%) and can be used to pay for medical gaps and out-of-pocket costs, including excesses, co-payments, pharmacy and prostheses.

If you have GapSaver and you'd like to use it to help cover any medical gaps or out-of-pockets for your hospital stay, read the section on 'How to Use GapSaver' on the last page of this brochure. You can contact us before your hospital stay to check your GapSaver balance or login to MyHBF.com.au

Participating Hospitals

HBF Participating Hospitals are hospitals with which HBF has negotiated special agreements that provide greater value for our members. These agreements ensure that when you need hospital treatment you'll be covered for accommodation and theatre fees, less any co-payment or agreed excess. If you choose to stay at a non-participating hospital, you could have significant out-of-pocket costs (except for members with HBF Ultimate cover).

HBF has agreements with more hospitals in WA than any other health insurer, and all Australian hospitals outside of WA are classified as Participating Hospitals. For a complete list of Participating Hospitals in WA, visit hbf.com.au/participatinghospitals.

Please note that we do not pay benefits for medical treatment outside Australia. You should consider taking out travel insurance to cover emergency treatment received overseas.

During your hospital stay.

A special service while you're in hospital

When you're in hospital, we don't want you to worry about anything other than getting better. So to assist our members during their hospital stay, HBF provides Hospital Liaison Officers (HLOs). Your HLO is available at the hospitals listed below to answer any questions you may have about your HBF cover, explain complicated medical bills or help you to claim benefits.

Whilst they endeavour to visit each patient, this isn't always possible due to time constraints. So if you'd like to talk to an HLO, you can call them on the phone number corresponding with the hospital you're staying at.

Attadale Private Hospital, Mercy Hospital Mount Lawley, Mount Lawley Private Hospital and South Perth Hospital	0400 894 793
Bethesda Hospital, Glengarry Private Hospital and Joondalup Health Campus	0411 635 968
Hollywood Private Hospital and Mount Hospital	0439 511 833
Peel Health Campus, St John of God Murdoch and Waikiki Private Hospital	0411 609 362
St John of God Geraldton	08 9921 5502
St John of God Subiaco	08 9382 6916

Pensioner and veterans affairs cards

If you have a pensioners, veterans affairs or any other card that entitles you to a discount on pharmaceuticals, it's important that you bring it with you to the hospital and present it to admissions and pharmacy. This will ensure that you receive the pharmacy discounts you're entitled to.

Boarders

While you're staying in hospital overnight, you may need a parent, partner or carer to stay there with you. So to make sure you have the support you need while you're in hospital, we'll fully cover the charge for a 'boarder' whose presence is integral to the management of your condition. This includes meals (in participating hospitals) and accommodation in your room.

You'll need to contact us prior to your hospital stay to check if you'll be able to have someone stay with you and whether this will be covered (for maternity, we'll always cover your partner staying with you). So the hospital can ensure patient and visitor health and safety requirements, you need to let the hospital know that you have someone staying with you.

Maternity

If you're a new mum or mum-to-be, there are a few things you might like to know about your hospital stay and your health cover that relate specifically to maternity services. We've tried to include some of the important information below, but if you have any other questions, you can always talk to your HLO or call us.

Pre-natal

Visits to the obstetrician before you're admitted to hospital are treated in the same way as a visit to your GP. So you can claim for these visits on Medicare, but not through private health insurance.

Accommodation

For maternity patients, HBF fully covers the first three nights in a single room (except for Intermediate Hospital members, who may have an out-of-pocket cost for single accommodation but are fully covered for a shared room).

Some private hospitals have double beds, so your partner can stay too. If you'd like to have your partner or loved one stay the night, we'll cover this cost. Just be sure to let the hospital know that you'll have someone staying with you.

We're here for you - and your little one

If your newborn isn't well, we have a list of fully covered paediatricians. Plus, we cover inter-hospital ambulance transport, so if your little one is born at Attadale Hospital for example, we'll pay for the ambulance to take you and your baby to King Edward or Princess Margaret Hospital if needed.

Your new baby will be fully covered from their date of birth. No waiting periods will apply as long as you have served your waiting periods and you add your baby to your health insurance within one month of their birth. If you need help adding your baby to your policy, speak with your HLO or call us.

If you're already on couple or family cover, there will be no additional cost to add your newborn to your policy and no change in premium (unless you're on couples Healthy Saver Hospital cover). However, if you're currently on a single policy and want to add your newborn, family premiums will apply.

Ambulance transfers

While you're staying in hospital as a private patient, you're covered for all inter-hospital ambulance transfers, to or from a private hospital.

Your length of stay

The length of time you need to stay in hospital is the decision of the doctors and specialists treating you, and HBF doesn't have any input into this.

If you need to be in hospital for more than 35 consecutive days, we'll need an Acute Care Certificate from your doctor. If you no longer need acute care but stay in the hospital, by law the hospital must classify you as a nursing home type patient. If this happens, HBF pays a smaller portion of the benefit per day and you're required to contribute towards the cost of your care. If you're in a private hospital these costs may be quite substantial.

What if you have ongoing care needs?

Sometimes when you're discharged from hospital, you might still have ongoing care needs such as wound dressing or IV antibiotics. You should discuss any ongoing treatment and how long you'll need it with the hospital before you're discharged. Some of the costs of ongoing treatment provided by your participating hospital may be covered as part of your stay. You can talk to your hospital or HLO for more information.

Feedback about your hospital

If you have any feedback or questions about the hospital or the medical staff treating you, you have the right to voice your concerns to the relevant people at the hospital and to the Health and Disability Services Complaints Office, if necessary.

If you have a complaint or feedback about your hospital stay, these are the steps you should follow:

1. First try and resolve the issue directly with the hospital, because this is often the quickest and most effective way to resolve a complaint.
2. If you don't know who the most appropriate person to speak to in your hospital is, you can always ask an HBF HLO, the nurse manager or someone you feel comfortable speaking to at the hospital.

If you're not happy with the hospital's response, you can lodge a formal complaint with the Health and Disability Services Complaints Office. You can contact the Health and Disability Services Complaints Office on 1800 813 583 or visit hadsco.wa.gov.au

Following your hospital stay.

Understanding your hospital bills

A lot of our members don't realise doctors and hospitals bill independently and may send multiple bills depending on how many services they provide. Unfortunately, as this is up to the doctors and the hospital, HBF cannot simplify this process and give you just one bill.

That means even though you might see your whole treatment as one service, this isn't typically the case.

You will usually receive:

- A hospital bill (though this is often sent straight to HBF). This is for accommodation, nursing, theatre costs, food, sundry items like pressure stockings, non-PBS pharmaceuticals, prostheses and incidentals
- Bills from specialists treating you
- Anaesthetist bills

You may also receive bills from:

- Pathologists
- Radiologists
- Assistant surgeons, if required
- Allied health services (such as in-hospital physio)

These bills can all come at different times, often weeks or even months after your hospital stay. It can be confusing to receive many separate

bills, but it's important to check and understand each one.

The hospital will usually bill us directly for accommodation, nursing care, theatre fees and the like.

However, you'll often have to pay things like co-payments and accommodation excesses directly to the hospital upon admission or discharge.

You'll also receive a Statement of Benefit from HBF in the mail. This isn't a bill; the statement just details the benefits we've paid to you, the hospital and the people treating you.

How to claim

As you know, some bills will be fully covered by HBF while others will have a 'gap' (see the previous section on 'The medical gap' for more about this). Here's how to claim your HBF benefits from fully-covered, known-gap and no-agreement providers:

Claiming if the treatment's fully covered

As a general rule, doctors and medical practitioners send their bills for fully covered procedures directly to HBF and you won't see them at all. You'll just receive a Statement of Benefit from us for your files.

Claiming if there's a known-gap

If you see a known-gap doctor, you may have an out-of-pocket expense. Fortunately, you will be able to get exact details on your benefit and potential out-of-pocket cost by calling HBF prior to your treatment. Known-gap doctors often bill HBF directly (just like a fully-covered doctor). HBF will liaise with Medicare and pay the combined HBF and Medicare benefit to the doctor. The doctor will then re-issue an account or bill for any gap to you, which you'll then pay to the doctor. Sometimes the doctor may bill you for the gap upfront, before your treatment.

Claiming for no-agreement bills

If you see a doctor who has no agreement with HBF, there will likely be an out-of-pocket expense. You'll still be able to call HBF to find out the set benefit we pay towards the bill, but we won't know how much your out-of-pocket expense will be. After treatment, these doctors will bill you directly.

To claim for no-agreement provider bills, you'll firstly need to send or present the original medical bills (or the original receipts if you've already paid the provider directly) to Medicare.

Medicare may then advise us of your claim, so we can pay your benefit to the provider or directly to you if you've already paid the account.

Alternatively, Medicare may opt to give you a Statement of Benefit that you'll need to take to an HBF branch or mail to us at HBF, GPO Box S1440, Perth WA 6809 (if you mail the claim to us, we'll also need a claim form, which you can download from hbf.com.au or request by calling 133 423). We'll then pay the benefit to the provider or directly to you if you've already paid the account.

Some doctors may ask that you pay the bill before treatment – this isn't common. You should discuss this with us before your hospital stay so you can be prepared. After your treatment, the paid receipt can be provided to Medicare who will advise us of your claim or issue you with a Statement of Benefit, as detailed above.

How to use GapSaver

You can opt-in to receive GapSaver benefits automatically. This means your GapSaver balance would be automatically paid towards any eligible out-of-pocket costs.

If you haven't opted in to have your GapSaver balance automatically go towards covering your out of pockets, you can just indicate on your claim form that you'd like to use your GapSaver benefits, call us or let us know when you're making a claim at a branch.

HBF support following hospital stay

HLOs are there to offer support and assistance if you need it while you're in hospital. If you have any questions or need advice from HBF after you're discharged from hospital, you should call us on 133 423 or visit your nearest branch.

HBF have developed initiatives to help you manage specific conditions you've had treatment for, following discharge from hospital. These programs are fully covered for eligible HBF members and include;

- Our COACH program to help reduce the risk of future coronary heart disease and provide comprehensive support to members diagnosed with diabetes
- The WA Cardiac Rehabilitation Service to ensure you have confidence to return to normal daily activities and exercise following your heart event

A number of other initiatives are currently being trialled. For more info on these programs, visit hbf.com.au/healthmanagement and contact us to see if you're eligible.

We've tried to include as much information as we can about your hospital stay. There's a lot to consider, and we understand that some of it can be confusing. So if you'd like to talk through any concerns or if you have questions about your personal circumstances, please call us on 133 423 or visit your nearest branch.

Telephone Enquiries

133 423

Monday to Friday: 8am to 6pm

Saturday: 9am to 12pm

hbf.com.au

Head Office

GPO Box C101 Perth 6809

HBF Branch Hours

Monday to Friday: 9am to 5pm

*Saturday: 9am to 12.30pm

Metropolitan Branches

Perth

96 William Street

Belmont

Belmont Forum Shopping Centre

Booragoon

Garden City Shopping Centre*

Cannington

Carousel Shopping Centre*

Fremantle

82 High Street

Hillarys

Whitford City Shopping Centre

Innaloo

Innaloo Shopping Centre

Joondalup

115 Grand Boulevard

Karrinyup

Karrinyup Shopping Centre*

Mandurah

32 Pinjarra Road

Midland

18/53 The Crescent

Morley

Galleria Shopping Centre*

Rockingham

Rockingham

Shopping Centre

Subiaco

513 Hay Street

Success

Cockburn Gateway

Shopping Centre

Regional Branches

Albany

21 Albany Highway

Telephone 9845 7000

Bunbury

12 Arthur Street

Telephone 9722 6300

Busselton

2/90-92 Queen Street

Telephone 9781 1800

Geraldton

Northgate Shopping Centre

Telephone 9920 8200



HBF Health Limited ABN 11 126 884 786. The information in this brochure is correct on 23 September 2011. Minor changes may have occurred since that date. If major changes occur, the brochure will be replaced. Details of any minor changes can be obtained from HBF on request. It's important to understand the details of your hospital cover. Please read your relevant policy details brochure or contact us for information about exactly what's covered by your individual policy.