



PATIENT PAYMENT (FEE) REVIEW OPERATING PROCEDURE

Document No. PRO2023-018

File No. D4901/23

Date issued 12 April 2023

Contents	Procedure	NSW Ambulance Patient Payment (Fee) Review Operating Procedure
	Appendices	1. Payment Rules

Associated Policy Directive PD2023-010 NSW Ambulance Patient Payment (Fee) Review

Directorate Finance & Corporate Services

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Summary NSW Ambulance is required to charge fees for services provided to patients. In many cases patients are charged at a reduced rate (as NSW residents) or are exempt from ambulance charges (e.g. certain pensioners). NSW Ambulance is committed to working with patients who are experiencing hardship, whether financial or non-financial.

Applies to All NSW Ambulance employees. This document also includes Volunteers and Contractors

Audience All NSW Ambulance employees. This document also includes Volunteers and Contractors.

Review Date April 2028

Previous Reference PRO2017-043

Status Active

Approved by Executive Director Finance & Corporate Services



Related Documents PD2023-010 NSW Ambulance Patient Payment (Fee) Review
[PD2006_073 NSW Health Complaints Policy](#)
[PD2016_055 NSW Health Medicare Ineligible and Reciprocal Health Agreement](#)
[Health Services Amendment \(Ambulance Fees\) Act 2014](#)
[Health Service Amendment \(Ambulance Fees\) Regulation 2015](#)
[Payment Rules made by the Health Secretary under s67O\(1\) of the Health Services Act 1997](#)
[Children and Young Person's \(Care and Protection\) Act 1998](#)
[Mental Health \(Forensic Provisions\) Act 1990](#)
[Mental Health Act 2007](#)
[Motor Accidents \(Lifetime Care and Support\) Act 2006](#)
[Motor Accidents Compensation Act 1999](#)
[Civil Liberty Act 2002](#)

Compliance with this operating procedure is **mandatory**



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NSW AMBULANCE PATIENT PAYMENT (FEE) REVIEW OPERATING PROCEDURE

1. Introduction

NSW Ambulance is required to charge fees for services provided to patients. In many cases patients are charged at a reduced rate (as NSW residents) or are exempt from ambulance charges (e.g. certain pensioners).

This operating procedure sets out:

- Patients who are exempt from payment of ambulance fees.
- The process to apply for a fee exemption.
- The process to apply for a waiver of fees on the grounds of financial hardship.
- The types of circumstances that may be considered in relation to a waiver request for a reason other than financial hardship.
- The process to appeal the outcome of a fee review.

In particular NSW Ambulance is committed to working with patients who are experiencing hardship, whether financial or non-financial. Our staff will be compassionate and treat all patients with dignity and respect without making value judgments. Patients who are identified as experiencing hardship will be protected from further recovery action (e.g. debt collection and legal action) while consideration of their circumstances is in progress.

Patients who, in the opinion of NSW Ambulance, are experiencing hardship have the right to:

- Be treated compassionately and with dignity and respect by NSW Ambulance staff without value judgements being made, and to have their circumstances kept confidential.
- Receive information about alternative payment arrangements and exemptions that may be appropriate to their circumstances.



- Negotiate a payment arrangement that is mutually acceptable to the patient and to NSW Ambulance. This may include deferral of payment or negotiation of a payment plan.
- Choose from the various payment methods available, and receive written confirmation of agreed payment arrangements within 10 working days of the agreement being reached.
- Be protected from debt collection and legal action during the negotiation of payment terms, and while the patient continues to make payments according to any agreed schedule of payments.
- NSW Ambulance will follow normal debt recovery practices in situations where:

NSW Ambulance will follow normal debt recovery practices in situations where:

- A review is undertaken and a patient is determined not to be experiencing hardship in the context of this operating procedure and associated policy directive.
- Patients fail to meet the agreed payment arrangements.
- Patients choose not to provide information required under the policy.

2. Patients Exempt from Payment

A number of categories of patients are exempt from payment. Patients who fall into an exempt category are not required to follow the Fee Review Process.

These patients may receive an invoice and will need to contact NSW Ambulance to provide their exemption details or other required information to finalise the account.



2.1 Summary of Exemptions and Coverage

The patient lives in....	The patient was attended by....	Pension or Health Care Cards (see s2.4.2)	DVA Pension Cards (see s2.2.5)	Private Health Fund or Ambulance Only Cover (see s2.3.1)	Interstate Cover (see s2.4)	Schools/ Groups Cover (see s2.3.2)	Exemption categories (see s2.2)	State Insurance Regulatory Authority (previously MAA) (see 2.3.3)
NSW	NSW Ambulance	Exempt from payment, if held at the time of service	Coverage determined by DVA.	Coverage determined by health fund.	Coverage determined by interstate ambulance service.	Students exempt from payment as per the group cover policy.	Exempt as determined by the patient's medical record.	Covered by MAA if on public road.
NSW	Queensland Ambulance Service, or South Australia Ambulance Service	Exempt from payment. NSW Ambulance will pay QAS/SA on patient's behalf as per the reciprocal agreement.	Coverage determined by DVA.	Coverage determined and payable by health fund.	Not applicable.	Not applicable (excluding Mungindi Central School).	Determined by provider of service.	Determined by provider of service.
NSW	Other interstate provider (WA, TAS, VIC, ACT, NT)	Exempt from payment (determined by interstate provider)	Coverage determined by DVA.	Coverage determined by health fund.	Not applicable.	Students exempt from payment.	Determined by provider of service.	Determined by provider of service.
QLD, or SA	NSW Ambulance	QLD / SA to pay NSW. Pension exemption is not applicable.	Coverage determined by DVA.	Coverage determined and payable by health fund.	Coverage determined by interstate ambulance service.	Not applicable (excluding Mungindi Central School).	Exempt as determined by the patient's medical record.	Covered if vehicle involved is registered in NSW and on public road
All other states (WA, TAS, VIC, ACT, NT)	NSW Ambulance	Exempt from payment.	Coverage determined by DVA.	Coverage determined and payable by health fund.	Coverage determined by interstate ambulance service.	Students exempt from payment.	Exempt as determined by the patient's medical record.	Covered if vehicle involved is registered in NSW and accident on public road
Overseas	NSW Ambulance	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Exempt as determined by the patient's medical record.	Covered if vehicle involved is registered in NSW and accident on public road or travel insurance



2.2 Payment Rules: Exemption Categories

The Fees for Ambulance Services Payment Rules Order 2014 (see Attachment 1) specify the following exemptions:

2.2.1 Ward of the State

If the person who received the ambulance service was a child or young person who, at the time of the service, was in the care responsibility or parental responsibility of the State or in receipt of financial assistance for their care under the [Children and Young Person's \(Care and Protection\) Act 1998](#), they will be exempt.

2.2.2 Child at Risk

The 'Child at Risk' exemption will be applied where the attending paramedics hold a concern for the safety of the *child or young person* involved in the incident.

The paramedics should record this observation on the Electronic Medical Record (eMR) or Patient Health Care Record (PHCR) as evidence.

A child is defined as 16 years and under. A young person is defined as under the age of 18 years old (and above 16 years old).

2.2.3 Sexual/Domestic Assault (S/D Assault)

The 'S/D Assault' exemption will be applied if the patient was a victim of sexual or domestic assault resulting in the attendance of paramedics.

The paramedics should record this observation on the Electronic Medical Record (eMR) or Patient Health Care Record (PHCR) as evidence. The information on the eMR or PHCR clinical record will be used to determine if an exemption should be applied.

The definition of a domestic relationship is:

- A person you are or have been married to.
- A person you have or have had a de facto relationship with.
- A person who is or has been a relative.
- A person with whom you have or had an intimate personal relationship (does not have to be a sexual relationship).
- A person who is living or has lived in the same household (including tenant or boarder).
- A relationship involving dependence on the ongoing paid or unpaid care of a person.



2.2.4 Mental Health Act

Patients will be exempt if at the time of the ambulance service the person was being taken to a declared mental health facility as it was considered the person may need to be involuntarily detained pursuant to the [Mental Health Act 2007](#) or the [Mental Health \(Forensic Provisions\) Act 1990](#).

This exemption will be applied if the Electronic Medical Record (eMR) or Patient Health Care Record (PHCR) indicates that the patient was scheduled according to the [Mental Health Act 2007](#).

20 Detention on information of ambulance officer.

22 Detention after apprehension by police.

2.2.5 Pension and Health Care Cards

Department of Veterans' Affairs (DVA) Card Holders:

A patient may be covered for the cost of ambulance by DVA if they held one of the below cards at the time of transport:

- Gold Card (Repatriation Health Card) – for all conditions.
- White Card (Repatriation Health Card) – for specific conditions. DVA will only pay when the patient's condition relates to their accepted disability.
- Pensioner Concession Card (DVA are agents for the Department of Human Services).
- Commonwealth Seniors Health Card (DVA are agents for the Department of Human Services).

DVA will not cover ambulance transports for repatriation* after personal travel, change of residence and transfers that is not the closest medical provider.

The patient should follow the instructions on the invoice to provide their concession details as required. If the patient holds a DVA Gold or White card NSW Ambulance will submit these details directly to Department of Veterans' Affairs to request payment of the invoice.

If DVA rejects the claim for payment and the patient does not hold any other exemption or coverage, then the outstanding invoice is the patient's responsibility.

For further information about DVA card types:

<http://www.dva.gov.au/providers/dva-health-cards>

*Repatriation = a patient being transported back to their home state for non-clinical reasons.

Department of Human Services – Centrelink Card Holders



A patient is entitled to exemption for ambulance services when attended by NSW Ambulance if they held one of the following cards issued by the Department of Human Services on the date of the service provided:

- Pensioner Concession Card (e.g. age, disability, parenting allowance).
- Health Care Card (e.g. newstart allowance, low income, foster child, carer allowance, sickness allowance).
- Commonwealth Seniors Health Card

This excludes QLD and SA residents visiting NSW. Refer to section 2.2.3.

For further information about Health Care Cards:

<http://www.humanservices.gov.au/customer/enablers/centrelink/health-care-card/eligibility>

For further information about Pensioner Concession Cards:

<http://www.humanservices.gov.au/customer/services/centrelink/pensioner-concession-card>

For further information about Commonwealth Seniors Health Card:

<http://www.humanservices.gov.au/customer/services/centrelink/commonwealth-seniors-health-card>

2.3 Ambulance Coverage Schemes

2.3.1 Private Health Funds

Residents of NSW are advised to purchase ambulance cover with a private health fund. A number of Health Funds provide Ambulance Coverage Insurance only without the need to pay for a full Health Fund Coverage package i.e. Hospital and/or Extras coverage.

There are a large number of private health funds available and each health fund will provide different options and prices.

If a patient receives an invoice and holds membership with a private health fund, they need to follow the instructions on the invoice to finalise the account.

2.3.2 Group/School Cover Scheme

NSW Ambulance provides a group cover scheme for emergency ambulance services to NSW dependent school students attending approved, fully supervised school activities.

NSW Ambulance reviews the policy annually and is based on the calendar year from January through to December each year.



NSW Public Schools are covered by the Government under a bulk agreement with NSW Ambulance. Independent or private schools may purchase a yearly subscription with NSW Ambulance to cover students at their facility.

NSW students covered by this policy will also be covered for emergency ambulance services if they are attending approved, fully supervised school activities in other states with which NSW Ambulance has a reciprocal agreement (there is no reciprocal agreement with QLD or SA).

Emergency ambulance services are provided at no cost to dependent school students from other Australian States and Territories, with reciprocal arrangements in place, covered under the Group Cover policy.

- A dependent school student is a school student 19 years of age or under who is totally dependent on their parents/guardian.
- This scheme does not include teachers, employees, visitors or parents.
- Approved/fully supervised school activities have been planned and approved by the school, have the consent of the student's parent/guardian, and are fully supervised by teachers or parents/guardians.
- If the parents/guardian has private health insurance or falls under one of the other exemptions then this coverage will apply in the first instance.

Review the full policy here: [Group/School Cover Policy](#)

2.3.3 State Insurance Regulatory Authority

Bulk billing arrangements exist under the third party insurance scheme between NSW Ambulance and the State Insurance Regulatory Authority. The third party insurance scheme is regulated by the [Motor Accidents Compensation Act 1999](#).

For accidents occurring after 1 July 2009, the costs of emergency ambulance services are covered by the scheme, regardless of fault.

The bulk billing arrangements only apply to patients for who NSW is the principal place of residence. Interstate or overseas visitors may be covered under the arrangements if the incident was involving a NSW registered vehicle.

2.3.4 Lifetime Care and Support (LTCSA)

The Lifetime Care and Support Scheme provide people who have been severely injured in motor accidents in NSW with long-term treatment, rehabilitation and care.

The Lifetime Care and Support Authority run the scheme and are responsible for administering it according to section 58 of the [Motor Accidents \(Lifetime Care and Support\) Act 2006](#).



The Lifetime Care and Support Authority may pay for the cost of ambulance services on behalf of an eligible patient. The patient should contact the Coordinator appointed to them by LTCSA to finalise the account.

Office location: Level 24, 580 George St, Sydney NSW 2000

Telephone: 1300 738 586

Accounts hotline: 1300 416 829

Fax: 1300 738 583

Email: enquiries@lifetimecare.nsw.gov.au

2.3.5 Corrective Services

Patients who are currently incarcerated or under the care of NSW Corrective Services and are transported between a Justice Health and another facility will not be charged.

The paramedics should record this observation on the Electronic Medical Record (eMR) or Patient Health Care Record (PHCR) as evidence and these invoices will be written back in PBRC.

2.4 Interstate Travel for NSW Residents

2.4.1 NSW Residents Visiting QLD or SA

NSW Ambulance will cover the first emergency Queensland/SA ambulance transport for NSW pensioners. Non-emergency transports are not covered.

It is recommended that patients purchase insurance for the duration of their travel if they are not covered by any other insurance or exemption.

Pensioner Concession Cards and Health Care Cards

NSW residents who receive an ambulance invoice from either Queensland Ambulance Service or South Australia Ambulance Service that falls under the reciprocal agreement are eligible for assistance for the initial emergency ambulance service provided only.

NSW Ambulance will pay the account if at the time of transport the patient held a valid Pensioner Concession Card, Health Care Card or Commonwealth Seniors Health Card.

The patient should post the following items directly to NSW Ambulance:

- A copy of the ambulance invoice.



- A copy of front and back of their current Pensioner Concession Card, Health Care Card or Commonwealth Seniors Health Card, ensuring that the expiry date is valid and includes the transport date.

If the patient does not hold a valid card or hold any other exemption or coverage, then the outstanding invoice is the patient's responsibility.

Health Insurance

If the patient holds private health insurance in NSW they may be covered for emergency ambulance services in QLD and SA. The patient should confirm their coverage directly with their private health fund.

The invoice must be paid by the health fund. Endorsement of the invoice will not be accepted by either QLD or SA as they do not participate in the reciprocal agreement involving health insurance.

2.4.2 NSW Residents Visiting in Other States

If NSW residents do not hold a valid exemption, it is recommended that they purchase insurance for the duration of their travel.

Pensioner Concession Cards and Health Care Cards

Each State and Territory has differing levels of card exemptions that may apply. Patients should contact the Ambulance Service in the state that they plan on visiting before they travel to confirm whether they hold a valid exemption.

Health Insurance

If a patient holds private health insurance they need to confirm directly with their provider for coverage details before travelling.

2.5 Interstate and Overseas Visitors in NSW

2.5.1 Interstate Visitors (excluding QLD and SA) with Ambulance Cover or Private Health Insurance

Residents of States (excluding QLD and SA) who receive an invoice from NSW Ambulance need to forward the invoice directly to their respective State Ambulance Service or private health fund for verification of membership and finalisation of the account.

2.5.2 Interstate Visitors (excluding QLD and SA) with Pension or Health Care Cards

Refer to sections 2.2.5. regarding pension card types. These details also apply to interstate visitors in NSW (excluding QLD and SA residents).



2.5.3 QLD Visitors

Permanent Queensland residents are automatically covered by the Queensland Ambulance Service for emergency pre-hospital ambulance treatment and transport Australia-wide. Residents and their dependents who can demonstrate that their current principal place of residence is in QLD at the time of ambulance treatment/transport are covered.

QLD residents seeking repatriation transport back to QLD are not covered by Queensland Ambulance Service. Patients must seek the approval from the Queensland Ambulance Service.

The patient should send a copy of their invoice along with the following items directly to Queensland Ambulance Service to organise payment on their behalf:

- A copy of their current photographic identification which includes the current principal place of residence in Queensland.
- A copy of a current statement from a bank or financial institution showing the current principal place of residence as Queensland and the name of the institution, ensuring that the period of the statement covers the date of the ambulance treatment/transport provided.
- A copy of their current Queensland issued Pensioner Concession Card or Health Care Card showing the name and card number recorded with the Department of Communities.
- A copy of a current Department of Veterans' Affairs Gold, White or Pensioner Concession Card.
- A statutory declaration which must declare your full, current principal residential address in Queensland on the date that you received the ambulance service.

If the patient is a minor, the dependent/child's guardian must also include one of the following with their documents as evidence that the child is their dependent:

- A copy of a current Medicare card with the dependent/child's name.
- A copy of the dependent/child's birth certificate.
- A copy of a current Student Identification card for the dependent/child.

QLD residents, who have been patients in NSW facilities and require repatriation back to QLD, must seek the approval from the Queensland Ambulance Service. Before the transport of the patient back to QLD can be completed, NSW Ambulance must have a written copy of the approval form stating that the transport will be covered by the Queensland Ambulance Service.

2.5.4 SA Visitors

Residents of SA may be covered for ambulance services by the South Australia Ambulance Service with either Pension Card or Health Care Card, or with state ambulance membership.



Exclusions may apply (e.g. repatriation transport) and exact coverage should be confirmed directly with South Australia Ambulance Service.

The patient should send a copy of the invoice along with the following items directly to South Australia Ambulance Service to organise payment:

- A copy of their current South Australian issued Pension Card or Health Care Card.
- A copy/written note containing their SA Ambulance membership details.

If the patient has private health fund membership, they should follow the instructions on Section 2 on the reverse of the invoice and forward the invoice directly to the health fund for coverage.

2.5.5 Overseas Visitors

There is no reciprocal agreement between NSW Ambulance and other countries for ambulance services. Overseas residents should purchase travel insurance for the duration of their visit to Australia.

The patient is responsible for paying the full cost of the service. Payment should be made by bank draft made payable in Australian dollars or by credit card.

Once the invoice has been paid, the patient can claim reimbursement through their travel insurance policy as appropriate.

3. Fee Review

3.1 Who can apply for a Fee Review

Any person who has received an invoice from NSW Ambulance can apply for a Fee Review. The delegate of the NSW Health Secretary may, but is not required to, waive the payment of an ambulance fee by a person in situations where:

- The person making the application demonstrates that they are experiencing financial hardship or non-financial hardship.
- The person had, at the time the ambulance service was provided, made an application for a concession card that would result in an exemption from payment and the application has not been finalised¹.
- The person has applied for refugee status, or has been granted refugee status.

¹ If an application for a concession card is rejected, the patient can still apply for a waiver on hardship groups if necessary



- The injury requiring an ambulance service arose as a result of the person acting as a Good Samaritan within the meaning of the [Civil Liability Act 2002](#).
- The liability to pay the fee arose in respect of an ambulance service provided to a child or young person as a result of an accident or incident in which the child or young person's parent or parents died.
- The person is the parent of a deceased child or young person and the ambulance fee arose in relation to an ambulance service provided to that child or young person.

3.2 Fee Review Process

3.2.1 Application to be made in Writing

Applications for review of an ambulance fee under section 67Y (1) of the Act must be made in writing to the delegate of the NSW Health Secretary. The nominated delegate is the Manager, Revenue, NSW Ambulance. Applications should be made on an application form available at www.ambulance.nsw.gov.au.

NSW Ambulance is not required to accept applications received more than 7 days after the due date specified on the debt notice. Any application for a waiver of fees should be submitted prior to the due date of the invoice.

Where a Request for Review has been made via the call centre or payment portal, the invoice will be put on hold for 14 days and not referred for debt collection to provide time for the written request to be made.

If a written request with supporting documentation is not received by NSW Ambulance within 14 days, the hold will be removed from the invoice and normal debt collection processes will be followed.

Applications for a Fee Review can be submitted by email to AMBULANCE-FinanceAccounts@health.nsw.gov.au

Or by mail to:

Manager, Revenue
NSW Ambulance Locked Bag 105, Rozelle NSW 2039.

3.2.2 Supporting Information

An application on the grounds of financial hardship must include the following supporting information or evidence:

- Proof of identity
- A statement in support of the application
- A copy of a recent bank statement(s)



- Income tax assessment notice for the most recent financial year
- Information about any income received by the applicant for the 8 week period prior to making the application to the Secretary, including:
 - Employment income - wages, salary and self-employment income.
 - Rental income.
 - Income from financial investments such as bank accounts, interest bearing deposits and fixed term deposits.
 - Income from income stream products such as allocated pensions, annuities and superannuation pensions.
 - Financial support from the Australian Government, such as the disability support pension or rent assistance and includes subsidies and allowances allocated for specific purposes.
 - Funds, compensation or like lump sum payments held in trust on behalf of the individual.

Applications for Review for reasons other than financial hardship must provide a written statement in support of the application that includes any relevant information and documentation. Further information or documentation to support the waiver request must be provided when reasonably requested by the NSW Health Secretary or delegate.

The application form for a fee review under financial hardship is located at:

<http://www.ambulance.nsw.gov.au/Accounts--Fees.html>

3.2.3 Request for Additional Information

Additional information may be required from the applicant. Any requested information must be provided within 14 days. If information is not provided within this time period the Review may be conducted without consideration of this information.

3.3 Timeframe for Review

NSW Ambulance will notify applicants of the outcome of a Fee Review within 42 days of receiving the application. If the NSW Health Secretary delegate seeks additional information from the applicant, the 42 day period will be extended by the number of days the applicant is given to return the information to NSW Ambulance.

3.4 Possible Outcomes of a Fee Review

The possible outcomes of a Fee Review may include:

- Revoking the decision to charge a fee. The invoice will be revoked if:



- The person charged the fee is exempt for payment under the Act, the Regulation or the Payment Rules.
- The issue of the invoice or debt notice involved a mistaken identity.
- The amount of the fee charged is incorrect.
- Confirming the decision to charge the fee with or without changing the payment arrangements.
- Waiving payment of the fee altogether.
- Reducing the amount payable.
- Providing an extended time to pay.
- Permitting the fee to be paid by instalments or reducing instalments.

4. Requests for Review – Non Financial

4.1 Introduction

As outlined in Section 3, The NSW Health Secretary delegate may, but is not required to, waive the payment of an ambulance fee by a person in situations where:

- The person had, at the time the ambulance service was provided, made an application for a concession card that would result in an exemption from payment and the application has not been finalised
- The person has applied for refugee status, or has been granted refugee status
- The injury requiring an ambulance service arose as a result of the person acting as a Good Samaritan within the meaning of the [Civil Liability Act 2002](#)
- The liability to pay the fee arose in respect of an ambulance service provided to a child or young person as a result of an accident or incident in which the child or young person's parent and/or parents died, or
- The person is the parent of a deceased child or young person and the ambulance fee arose in relation to an ambulance service provided to that child or young person.

The application form for a fee review under non-financial hardship is located at:

<http://www.ambulance.nsw.gov.au/Accounts--Fees.html>

4.2 Asylum Seeker

According to a NSW Health policy directive (PD2016-55 Medicare Ineligible and Reciprocal Health Agreement), a bridging visa type E, A or C are used to determine the status of asylum seekers. The patients with these types of visa may be eligible for an exemption.



A patient under the Asylum Seeker Assistance Scheme (ASAS) and Community Assistance Scheme (CAS) can also apply for a waiver of an ambulance invoice. A patient in this category is unable to work in Australia and is not entitled to register for Centrelink benefits.

Some asylum seekers are financially disadvantaged; they seek refuge from political or religious persecution and do not have the means to support themselves. Where a person is identified as an Asylum Seeker but not eligible for ASAS, the request should be evaluated and considered as a waiver for person under financial hardship.

A letter or email (containing the official organisation logo) from a relevant organisation confirming that the patient falls into the above category will be required along with the supporting evidence (a copy of visa) for a waiver on these grounds. For example, Settlement Services International, Red Cross Asylum Seekers Scheme or Life Without Barriers.

Asylum seekers in community detention with healthcare funded by a contracted provider are not waived and must be paid by the provider. NSW Ambulance must bill the contracted provider for all health services provided to a person in immigration detention, including community detention.

4.3 Ward of the State

A waiver can be requested if the person who received the ambulance service is a child or young person who, at the relevant time, was in the care responsibility or parental responsibility of the State or in receipt of financial assistance for their care under the [Children and Young Person's \(Care and Protection\) Act 1998](#).

A child is defined as 16 years and below. A young person is defined as under the age of 18 years old (and above 16 years old). Written confirmation must be provided by an authorised agency on official letterhead to confirm the patient belonged to this category, at which point the waiver can be requested. Agencies may include, but are not limited to, the Department of Community Services or Life Without Barriers.

4.4 Deceased Child

Invoices will be waived in the event of a death caused by SUDS.

SUDS is defined as the sudden unexpected death in infancy, up to the age of 1 year, which apparently occurs during sleep and remains unexplained.

The paramedics should record this observation on the Electronic Medical Record (eMR) or Patient Health Care Record (PHCR) as evidence. The information on the eMR or PHCR clinical record will be used to determine if exemption waiver should be applied.

A waiver of fees can be requested for a patient who is a minor (under 16 years of age) and who is deceased. If the patient was covered by an exemption (e.g. pension or health fund) then the invoice



should be processed as per normal, unless extenuating and distressing circumstances are involved at which point a NSW Ambulance staff member may request a waiver.

The following supporting evidence will be required to request a waiver:

- Paramedic evidence of the situation (i.e. the eMR or PHCR).
- If the eMR or PHCR is not conclusive, confirmation could be obtained from a hospital, doctor, or social worker who was involved with the patient and the patient's family.
- If the incident was highly publicised, you should include a copy of a related media.

4.5 Deceased Parents with a Child/Minor

A waiver can be requested in the case where both parents are deceased with a remaining minor (child).

The following supporting evidence will be required to request a waiver:

- Paramedic evidence of the situation (i.e. the eMR or PHCR).
- If the eMR or PHCR is not conclusive, confirmation could be obtained from a hospital, doctor, or social worker who was involved with the patient/s.

4.6 Good Samaritan

A waiver can be requested in the case where the patient was performing a 'Good Samaritan' deed as described in the [Civil Liability Act 2002](#).

A 'Good Samaritan' is a person who, in good faith and without expectation of payment or other reward, comes to the assistance of a person who is apparently injured or at risk of being injured. The following supporting evidence will be required to request a waiver:

4.7 Mental Health

A waiver can be requested under compassionate grounds by a patient who is experiencing severe life threatening and/or disabling mental health issues but is not exempt under the Mental Health Act category.

The following supporting evidence will be required to request a waiver:

- Paramedic evidence of the incident involving severe mental health issues (i.e. the eMR or PHCR).
- A letter from the patients treating General Practitioner, hospital, psychologist/ psychiatrist, social worker, or mental health unit to confirm the situation (as stated above such as severe life threatening and/or disabling mental health issues and advocate that the invoice be waived).



- If an application is not supported by above evidence, the patient should be advised to submit an application under financial hardship.

4.8 Operational and Professional Standard Units Complaints

A waiver can be requested internally when a complaint has been received in regards to the operational or clinical services provided to the patient.

The complaint must first be investigated by the responsible sector. The relevant Zone Manager for the area (or equivalent authority) may request a waiver if deemed appropriate upon the conclusion of the investigation.

The following supporting evidence will be required to request a waiver:

- Paramedic evidence of the incident (i.e. the eMR or PHCR).
- A copy of the original complaint from the patient or third party.
- Copies of any other correspondence or internal notations that have occurred in relation to the incident.
- An official written request from the manager who is responsible for the investigation of the complaint.

4.9 Deceased Patients

A waiver can be granted for deceased patients who do not have an exemption through a pension, health fund or other exemption. Efforts should be made to identify pension or health fund details in the first instance before waiving the fees for the service.

4.10 Natural Disaster

A waiver can be granted for patients who are affected from natural disaster and do not have an exemption through a pension, health fund or other exemption. The Health Minister may determine to waive fees within a geographical area that is subject to a natural disaster declaration.



5. Request for a Review on Hardship Grounds

5.1 What is Hardship?

Financial hardship is defined as a situation where a patient is unable to pay an invoice for ambulance services because of illness, unemployment or other reasonable cause, but would have capacity to meet their obligations if payment arrangements were changed. Financial hardship can be of limited or long term duration.

Financial hardship indicates that the patient is unable to pay their bill(s), rather than that they are unwilling to do so. Hardship can occur as a result of a number of factors. The arrangements made with the patient may vary depending on their specific circumstances. Hardship may arise in the following circumstances:

- Loss of employment
- Family breakdown
- Illness, including physical incapacity, hospitalisation or mental illness
- A death in the family
- Other factors resulting in unforeseen change in the patient's capacity to meet their payment obligations, whether through a reduction in income or through an increase in non-discretionary expenditure.

5.2 Short-Term Hardship

Patients experiencing short-term hardship are undergoing a sudden change in circumstance, which has resulted in temporary financial difficulty. These patients generally require flexibility and temporary assistance, such as an extension of time to pay, or flexible payment arrangements.

5.3 Long-Term Hardship

Patients experiencing long-term hardship are generally on low and/or fixed incomes such as pensions or allowances. Hardship may have resulted from a combination of low income and a change in circumstances or an unforeseen event, and may require a more formalised case management approach and additional assistance over a longer period.

5.4 Identifying Hardship

5.4.1 Financial Hardship

A person is experiencing "financial hardship" where he or she does not have the financial capacity, either permanently or temporarily, to pay the fee within the time frames required.



Severe financial hardship is defined as a situation where a person's financial means are insufficient to support the necessities of a modest standard of living and the situation is unlikely to change.

In general, an invoice may be waived after review if the reviewing officer is satisfied that financial hardship has been demonstrated and other forms of relief (e.g. payment deferred by an extension of time or payment by instalment) are not appropriate.

A waiver can be requested on behalf of a deceased patient if the patient's estate has no assets and is unable to make a payment on the invoice.

The following supporting evidence will be required to request a waiver for deceased patients:

- A copy of the death certificate.
- An official letter from the solicitor handling the estate to confirm that payment cannot be made.
- A Statutory Declaration completed by the Executor of the Estate, or by the next of kin, to confirm that payment cannot be made.

5.4.2 Non-Financial Hardship

A person is experiencing "non-financial hardship" where they are unable to attend to their personal affairs for a period of time due to circumstances beyond their control. For example, this could be in situations where there is evidence of a serious, ongoing medical (physical and/or mental) condition which prevents the person from working or otherwise contributes to financial stress on the individual.

Factors which may be considered when defining personal hardship may include, but are not limited to, evidence from public sector organisations (such as the Department of Corrective Services or the Department of Juvenile Justice) or community welfare organisations (such as local land councils, Community Justice Centres, Community Development Employment Project (CDEP) administrators, indigenous medical or health centres, neighbourhood centres, the Salvation Army or the Society of St Vincent de Paul) which shows that the domestic and social circumstances of a person, and their commitments to dependents, are such that they are unable to pay the invoice either at the present time or at any foreseeable time in the future. It is expected that in this situation the community welfare organisation can demonstrate an ongoing association with the applicant or has investigated the applicant's circumstances.

5.5 Assessing Capacity to Pay

The following factors may be considered when defining financial hardship:

- Whether payment of the invoice will leave the person unable to provide their immediate family with the necessities of food, shelter, clothing, medical treatment and other basic requirements
- Whether it is practical for the person to rearrange their finances or draw upon non-essential assets to pay the invoice(s)



- Whether the hardship is of a short-term nature/evidence that the hardship is of a long-term nature.

6. Payment Arrangements

6.1 Due Date Extensions/Deferral of Payment

If a patient is experiencing difficulties in paying the invoice, they can request a due date extension to allow more time for payment to be made. NSW Ambulance can approve or deny an extension after reviewing the request.

A request for a due date extension must be received by NSW Ambulance no later than 7 days after the due date on the debt notice. The Revenue NSW will be responsible for extension requests after this time period.

A due date extension can be applied for a further 21 days from the date of the extension request for applications received by telephone. Further due date extensions (beyond 21 days) must be requested in writing by the patient and approved by a delegated NSW Ambulance employee. A maximum of two due date extensions will only be approved.

If the patient did not receive the original invoice or experienced delays in receiving the invoice, NSW Ambulance must extend the date to a further 21 days beyond the date the invoice was determined to be received by the patient. A bulk approval for all due date extensions will be subject to Manager Revenue's approval on a monthly basis via the system report.

6.2 Payment Plans

If a patient is having problems paying an ambulance invoice, NSW Ambulance staff should assist the patient by negotiating a payment plan appropriate to both the patient's financial situation and the NSW Ambulance terms of payment.

NSW Ambulance must receive a request for a payment plan no later than 7 days after the due date on the debt notice. The Revenue NSW will be responsible for payment plan requests after this time.

NSW Ambulance will issue written confirmation of the agreement once a payment plan is approved. The minimum payment plan requirements are in the table below.

Lower Limit of Debt	Upper Limit of Debt	Max terms (fortnights)	Minimum instalment amount
\$ 0.01	\$ 100.00	0	
\$ 100.01	\$ 500.00	13	\$50.00
\$ 500.01	\$ 1,000.00	26	\$50.00
\$ 1,000.01	\$ 3,000.00	52	\$60.00
\$ 3,000.01		78	\$100.00



If a patient is unable to meet the minimum instalment amount, and is not eligible for a hardship waiver, a lower fortnightly amount can be negotiated if approved by a Team Leader. A bulk approval for all reduced amount requests will be subject to Manager Revenue's approval on a monthly basis via the system report.

6.3 Monitoring Payment Plans and Non-Compliance with Agreements

NSW Ambulance will conduct a fortnightly review of all invoices under a payment plan arrangement to ensure payments are continuing as per the initial agreement.

It is the patient's responsibility to ensure payments are made according to the payment plan. Patients will not be prompted to make their scheduled payments by NSW Ambulance.

If an instalment plan arrangement has been broken (i.e. payments are not being received according to the agreement), the remaining instalments immediately become payable and the debt will be referred to Revenue NSW through the standard debt collection process.

7. Fee Review Complaints and Appeals

Applicants who are not satisfied with the outcome of a Fee Review have the right to appeal the decision.

Requests for an appeal against a Fee Review decision must be made in writing and directed to:

Executive Director, Finance
NSW Ambulance
Locked Bag 105, Rozelle NSW 2039.

Any request must include supporting information.

NSW Ambulance complies with the [PD2006 073 NSW Health Complaints Policy](#) in its management of any complaints made in regards to ambulance fees.

7.1 Receiving Complaints or Appeals

Complaints about an invoice or the outcome of a fee review process must be submitted in writing. Staff at all levels must accept complaints and know what action they can take to resolve them.

7.2 Registering and acknowledging Complaints/Appeals

Receipt of a complaint/appeal will be acknowledged within 5 calendar days. Acknowledgement may be verbal or in writing. Written acknowledgements should:

- Explain the complaints process.
- Identify contact person/details for the complainant.
- Detail the expected timeframes and what might be requested from the complainant.



7.3 Initial Assessment

The purpose of the assessment process is to assess whether there are grounds for the complaint/appeal and to determine the appropriate action.

7.4 Investigate the Complaint/Appeal

Investigation involves collecting any required information, analysis and review. Analysis includes identifying:

- What is agreed and what facts are in dispute.
- Whether the information provided is relevant and reliable.
- Whether independent verification has been obtained where relevant.

7.5 Response

Once the information has been analysed, the person managing the complaint/appeal makes findings and recommendations for action.

Options for appropriate action may include:

- Offering an apology
- Waiving fees
- Developing or amending policy/procedure
- Training/education of staff or improved communication to the public
- Ongoing monitoring of an issue
- No action recommended

7.6 Complaint Resolution – Final Response

The target for finalising complaints is 35 calendar days.

7.7 Escalation Process

Complaints are referred to the next level of management when the matter is outside delegation or is unresolved.



REVISION HISTORY

Version (Document #)	Amendment notes
04/2023 PRO2023-018	Update to page numbering and branch contact
11/2017 (PRO2017-043)	<p>Asylum seekers policy is replaced with Medicare Ineligible and Reciprocal Health Agreement – NSW Health PD2016-55 for patients seeking exemptions.</p> <p>The waiver requests other than Mental Health Act Section 20 or Section 22 will be considered on case-by-case basis or under financial hardship.</p> <p>Group/School Cover Scheme Policy is updated.</p>
1 July 2015 (PR2015-007)	Approved by Chief Executive



APPENDIX 1 Payment Rules

Fees for Ambulance Services Payment Rules Order 2014

under the Health Services Act 1997

I, Dr Mary Foley, Secretary NSW Ministry of Health, in pursuance of section 67O (1) of the *Health Services Act 1997*, make the following Order.

Dated, this day of 2014

1 Name of the Order

This Order is the *Fees for Ambulance Services Payment Rules Order 2014*.

2 Commencement

This Order commences on the day on which it is published in the Gazette.

3 Exemption from the payment of ambulance fees

- (1) For the purposes of section 67N (c) of the Act, a person is exempt from the requirement to pay an ambulance fee if:
- (a) The person who received the ambulance service is a child or young person who, at the relevant time, was in the care responsibility or parental responsibility of the State or in receipt of financial assistance for their care under the Children and Young Person's (Care and Protection) Act 1998.
 - (b) The person is the victim of a sexual assault.
 - (c) The person is the victim of domestic violence or child abuse.
 - (d) At the time of the ambulance service the person was being taken to a declared mental health facility as it was considered the person may need to be involuntarily detained pursuant to the Mental Health Act 2007 or the Mental Health (Forensic Provisions) Act 1990.

4 Waiver of fees and change of payment arrangements

- (1) For the purposes of sections 67O(2) and 67ZC(4) of the Act, the Health Secretary may, but is not required to, waive the payment of an ambulance fee by a person where the Secretary is satisfied:
- (a) The person is experiencing financial hardship or non-financial hardship.



- (b) The person had, at the time the ambulance service was provided, made an application for a concession card within the meaning of section 67N(b) of the Act and the application has not been finalised.
 - (c) The person has applied for refugee status, or has been granted refugee status.
 - (d) The injury requiring an ambulance service arose from an act or omission done or made by the person as a Good Samaritan within the meaning of the *Civil Liability Act 2002*.
 - (e) The liability to pay the fee arose in respect of an ambulance service provided to a child or young person as a result of an accident or incident in which the child or young person's parent or parents died.
 - (f) The person is the parent of a deceased child or young person and the ambulance fee arose in relation to an ambulance service provided to that child or young person.
- (2) Where the Health Secretary is satisfied the requirements of paragraph (1)(a) are met, the Secretary may, in the alternative to waiving payment of the fee, change the payment arrangements for the fee by:
- (a) Reducing the amount payable.
 - (b) Extending the time to pay.
 - (c) Permitting the fee to be paid by instalments or reducing instalments.
- (3) In this clause:
- (a) A person is experiencing "financial hardship" where he or she does not have the financial capacity, either permanently or temporarily, to pay the fee within the time frames required.
 - (b) A person is experiencing "non-financial hardship" where he or she is unable to attend to his or her personal affairs for a period of time due to circumstances beyond his or her control.

5 Applications to the Secretary for review of an ambulance fee

- (1) A person may make an application to the Secretary for review of an ambulance fee under section 67Y (1) of the Act by making a submission in writing to the Secretary [or lawfully authorised delegate].
- (2) An application under (1) must include the following supporting information or evidence:
 - (a) In the case of an application on the basis of financial hardship:
 - (i) Proof of identity.
 - (ii) A statement in support of the application.
 - (iii) Recent bank statements for the previous six months.
 - (iv) Income tax assessment notice for the most recent financial year.
 - (v) information about any income received by the applicant for the 8 week period prior to making the application to the Secretary, including:
 - Employment income - wages, salary and self-employment income.



- Rental income.
 - Income from financial investments such as bank accounts, interest bearing deposits and fixed term deposits.
 - Income from income stream products such as allocated pensions, annuities and superannuation pensions.
 - Financial support from the Australian Government, such as the disability support pension or rent assistance and includes subsidies and allowances allocated for specific purposes.
 - Funds, compensation or like lump sum payments held in trust on behalf of the individual.
- (b) In any other case, a written statement in support of the application including any relevant information and documentation.
- (c) Any further information or documentation reasonably requested by the Secretary or lawfully authorised delegate.