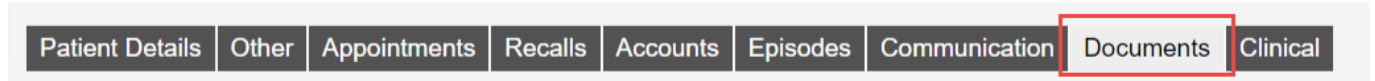# Results of an OEC

If you have not submitted an OEC yet, please see our guide found here

To find your **OEC**, first access the **Documents** from that patients record.

You will see a list of all the recorded documents for this patient. The **OEC's** that were returned will have the **Name** and **Type** of **OEC.** Select one to view a preview. These documents can be printed or saved as needed, but will always be kept here within the patient record.

The first part of your **OEC** contains some patient information, as well as the **Medicare** and **Fund** status on the check. It will also show the **Explanation**, on our **OEC** below we can see that the patient is eligible, but subject to conditions:

Health Fund Assessment

The next part of the **OEC** details exactly what the patient is eligible for. We can see any **Excess or Co Payments,** as well as a description of each of what the patients cover is limited to.
*Any **Excess** shown here will be automatically updated in the **Appointments** screen for this patient.*

Health Fund Assessment

Excess			Bonus	$0.00
$500.00	**Description**	Capped each calendar year at once per adult when amount has been met in full. The excess does not apply on admissions for services with a minimum benefit, approved hospital ambulatory programs or to approved psychiatric and rehabilitation day programs in private hospitals only. Excess will apply for all overnight and day services in a public hospital. The excess does not apply to any child dependant covered on the membership.		

Co Payment			Remaining Days	Co-payment not Applicable
$0.00	**Description**	0		

Just below the excess and co payment information, you will find the final details of the **OEC**. The fund will detail the members cover and the description will mention services that are excluded. There is also space for **Benefit Limitations** and **Exclusions**, if your **OEC** shows the patient as not having cover, these fields will detail what the exclusions are and why the patient is not covered.

Health Fund Ref	8122672
Table Name	Mid Hospital $500 Excess - Silver Plus with Budget Extras 60
Table Description	SILVER PLUS **All hospitals**: Excluded Services: Pregnancy and birth; Assisted reproductive services; Joint replacements (hip, knee other); Cataracts; Laser eye correction; Weight loss surgery; Dialysis for chronic kidneyfailure; Cosmetic surgery receive no benefits. Minimum Benefit (Restrictedcover) services are not eligible for private room benefits. Minimum Benefit services: Hospital psychiatric services; Podiatric surgery. If Minimum Benefits shared room rate is paid, excess is not deducted. **Members First Network Hospitals**: Cover for hospital accommodation theatre fees for services that are not Excluded or Minimum Benefit services. **Public Hospitals**: Minimum Benefits for shared room accommodation as set by the Australian Government plus fixed benefit per day for private overnight room accommodation.
Table Scale	SINGLE
Benefit Limitations	
Exclusions	

Finally, there is a field for any **Other Services** that were checked, such as **Prosthesis** items.

Items and Other Services

Type	Code	Charge	Fund Assess	Fund Amt	Med Assess	Med Amt
		0.00				