



Fees Effective 1 July 2023

Today Medicare rebates do not cover the full cost of providing you with medical care. Medicare rebates were frozen for several years and the July 23 increase of 3.6% is well below CPI. With rising costs (current increases are approximately 6.8%) it now covers less than half of the actual cost of providing high-quality medical care. The income from a consultation goes toward the running of the entire clinic and is not just to cover the doctor's fee. This includes reception and nurse wages, utilities, medical consumables, insurance, registrations, maintenance, cleaning and accreditation fees.

As a result, all patients will be charged a fee for consultations. This fee varies based on time and complexity of the consultation. **Pensioners, children over 5 years of age and HCC holders are charged a reduced fee.**

Quick repeat prescriptions with appointment are bulk billed for pensioners, children under 16 years and HCC holders. For all other patients, a repeat prescription with an appointment will be charged at the discounted consultation rate, with a \$16.00 gap. Normal consult fees will be charged for any other requests in this consult for all patients. For repeat prescriptions without an appointment a fee of \$21.00 will apply for all patients and must be paid before the script is provided. No Medicare rebate will apply.

Telehealth services are billed at the same fee as face-to-face consultations due to the time it takes to provide the appropriate clinical care. Under Medicare rules, telehealth services can only be undertaken if you have had a face-to-face appointment in the surgery in the last 12 months or have Covid.

Bulk billing and reduced fees are not available on Saturdays as costs are higher on weekends. (\$52 gap applies for all patients.)

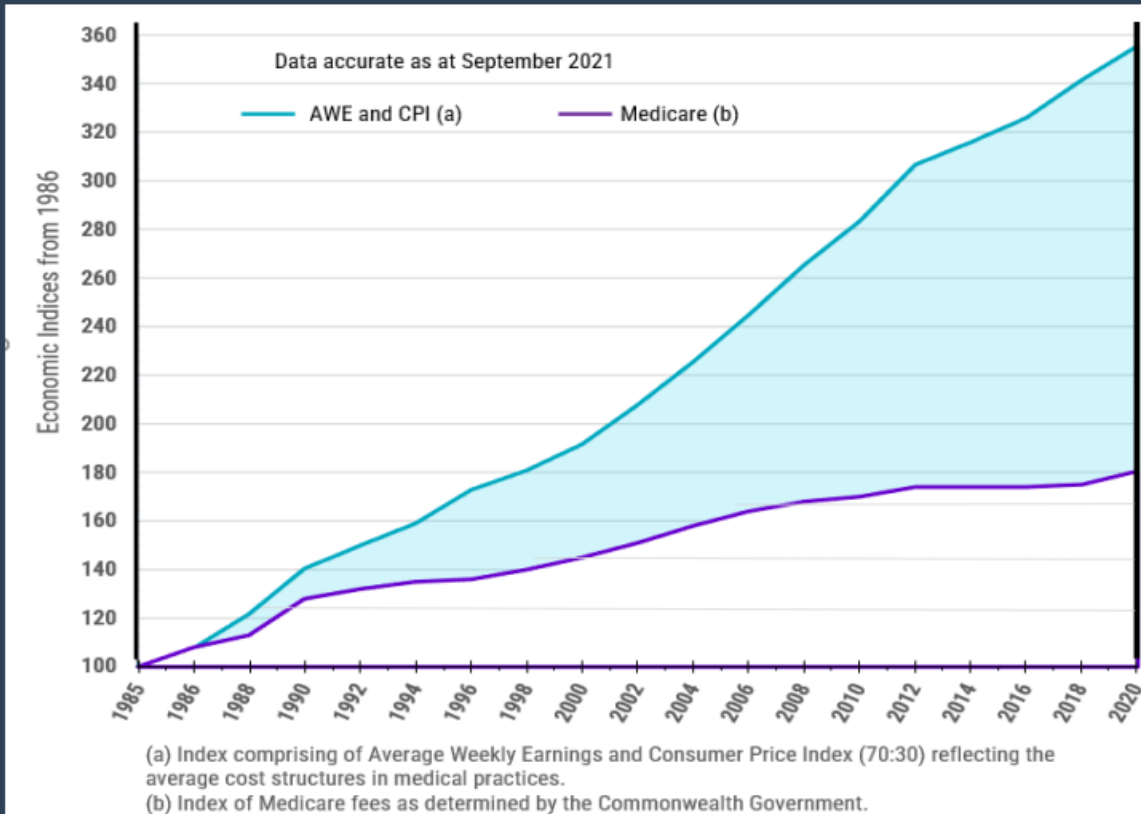
Payment of fees is required in full on the day of consultation and can be made by Cash, EFTPOS and Credit Card. The Practice has facilities to enable immediate refund of Medicare Rebates.

The decision to increase fees has not been easy and during this time of many challenges and change we thank you for your loyalty to our practice and our team. We have actively campaigned governments for higher Medicare rebates and to raise awareness of this issue. Please speak to your local federal MP to raise your concerns that Medicare rebates have not kept up with inflation.

	Medicare Rebate	Private Patients		All Concessions – Pensioners /HCC /Children 5-17 year /CSHC	
		Total Fee	Out of pocket expense	Total Fee	Out of pocket expense
Standard consult – 15-minute booking	\$41.20	\$93.20	\$52.00	\$67.20	\$26.00
Long consult – 30-minute booking	\$79.70	\$152.70	\$73.00	\$116.20	\$36.50
Extended consult	\$117.40	\$221.40	\$104.00	\$153.90	\$36.50
Repeat prescription with appointment			\$16.00		Bulk billed
Repeat prescription with no appointment	No Medicare rebate		\$21.00		\$21.00
Procedures	Dependent on procedure		\$155- \$260		\$85-\$180
Dressings/wounds			\$16.00		\$16.00

The Australian Medical Association (AMA) has worked out the true costs of running a quality general practice. Each year it provides updated recommendations on the fees doctors should charge for each Medicare item number. Our fees are in line with the AMA's recommendations.

Why is there a gap?



Government's indexation of Medicare rebates has never kept pace with the rising cost of medical practice. On average AWE and CPI increased by 2.4% and 1.4%, respectively, per year. Practice costs rise by a similar amount. Medicare rebates only increased between 1.2% to 2.5% from 1995 to 2012 - noting that all pathology and most diagnostic imaging services received no indexation during this period.

From 2012-2017 all MBS rebates were frozen with no indexation. Indexation only recommenced in 2017, when GP bulk-billing incentives were indexed at 1.4% and then in 2018 with GP and specialist consultations indexed at 1.5%. In 2019, specialist and allied health consultations, including therapeutic and procedural items resumed indexation at 1.6%. In 2020, indexation of 1.5% was applied to most of the general medical services items, all diagnostic imaging services (except nuclear medicine imaging and magnetic resonance imaging-MRI) and only two pathology items (74990 and 74991).

This is why your Medicare rebate is worth less every year.

Concerned? Talk to your local Federal MP.