

## Practice fees – Informed financial consent

Medicare rebate is a Federal Government initiative to help patients with their medical expenses. The rebate amount depends on what item number (or numbers) the doctor thinks would be most appropriate for the clinical encounter. The choice of item number (or numbers) and the amount of the rebate depends on many factors. Some of these factors include:

✓Time spent with the patient ✓Complexity of the consultation

✓Type of topics discussed ✓Time and day the consultation occurred

√The type of the procedure performed

√Any test performed

✓Where the service occurred (clinic, hospital, home) ✓Other factors.....

For the year 2024, the Extended Medicare Safety Net (EMSN) is \$811.80 for concessional individuals and their family (those that are Commonwealth concession cardholders and/or families who receive Family Tax Benefit (Part A)), and \$2544.30 for non-concessional individuals and their family. Please ensure that you register as a family with Medicare and link your Medicare account with your Centrelink account. Telehealth is bulk billed. Fees will be index yearly in July, in accordance with Medicare indexation and/or CPI. Below are the most common amounts that you will be charged.

Appointment type	Clinic fee	Rebate before EMSN reached	Gap before EMSN	Rebate after EMSN reached	Gap after EMSN	Financial difficulty standard	Financial difficulty moderate	Financial difficulty extreme
Standard – up to 25 minutes	193.56 - 380.84	40.75 - 80.10	152.81 - 300.74	163 – 320.40	30.56 – 60.44	100	60	
Long – up to 50 minutes	375.01 – 560.50	78.95 – 118.00	296.06 - 442.50	315.8 – 472.0	59.21 – 88.5	150	90	
Extended – up to 75 minutes including WCA	551.95 – 908.2	116.2 – 191.2	435.75 - 717.00	464.8 – 691.2	87.15 – 217.0	200	120	

If you are experiencing financial difficulty, please discuss with me and I will be more than happy to help you in your difficult circumstances by agreeing on a maximum out of pocket gap. You will continue to pay up to this gap amount even after reaching your EMSN.

Please discuss with me if you have any questions or needing any clarification about the fees or appointment structure. Please note fees should be settled on the day using card payment only.

I have read and understood the appointment and fee structures and the scope of practice for this clinic. I will be responsible for paying all the costs as per the above schedule. My questions and concerns have been addressed and resolved.

Sign: Date: