

Fees Explained

Procedure Fees

Minor procedures may include:

- Implanon insertion & removal
- Suturing of lacerations
- Laceration repairs
- Plastering fractures
- Removal of a foreign body
- Drainage of abscesses
- Ear Syringing
- Punch Biopsy
- Any other procedure that requires specialised equipment or nursing care
- Travel vaccines
- ECG
- Respiratory Function Test
- Surgical procedure

The maximum out-of-pocket costs for each of these services is approx. \$50 or less for private patients.

Additional fees are applicable for preparation of complex plaster casts. Fibro casts attract a fee of \$75.

Children below 16, HCC holders and pensioners **may** be bulk billed for the procedure but will be charged an out-of-pocket cost of \$30 to cover consumables. Removal of sutures not done at our clinic will also incur a non rebateable fee of \$30.00 in addition to a consultation fee being charged.

Skin Excisions

An upfront fee is charged at the time of the removal of the lesion. This will usually be between \$140 - \$250 and is dependent on the site and size of the lesion being removed as well as the doctor performing the excision. Pensioners and HCC holders will also have an out-of-pocket cost. This cost will be discussed prior to doing the procedure. The remainder of the cost is billed directly to Medicare when the results of the biopsy are known.

Dressings & Medical Consumables

Dressing materials are not covered by Medicare and incur a separate charge on the day, unless included in an excision or minor procedure.

- Simple dressing - \$25
- Complex Dressing - \$40
- Medical consumables used as part of your treatment may incur a separate fee

General Practice Management Plans (GPMP), Team Care Arrangements (TCA), Health Assessments and Mental Health Care Plans

Fees range between \$46-\$77.40 out of pocket for the preparation of a GPMP and arrangement of appropriate referrals (team care arrangements). Plans (including the initial consultation) are often complex and lengthy care consultations and require an out of pocket fee.

Pensioners and HCC holders will be bulk billed for these services. Please enquire at Reception about the rebate available on the range of care and treatment plan services.

E.g., Review of GPMP/TCA \$125.20 **Out of Pocket Fee = \$46.00**

Mental Health Care Plans

Mental health care plans are plans written up by the GP to enable a patient to access Medicare rebates for psychological services. Strict rules apply as to who is eligible and patients must have a DSMIV listed mental illness to access the plan.

In general patients can receive 6 sessions initially with a psychologist under the plan and then another 4 sessions after a GP has reviewed the patient again. There is in total 10 per year.

The paperwork for the referral can be quite lengthy and Medicare pays different rebates for these plans. Each doctor charges differently with some GP's bulk billing and some charging for these plans dependent on how much time is spent.

E.g., GP MHTP \$149.80 **Out of Pocket Fee = \$50.10**

Care Plans

Care plans enable patients with chronic health conditions to access 5 visits to allied health professionals each year where a rebate is paid by Medicare. The paperwork can be quite lengthy. Each doctor charges differently with some GP's bulk billing and some charging for these plans dependent on how much time is spent.

Our Practice will assist with patient assessments and sees most new patients to complete baseline information and help with the care of shared antenatal patients.

Our Practice Nurse can assist with most childhood/adult vaccinations. The Practice Nurse assesses new patients and helps with chronic disease management and assists with GP Managements and Team Care Arrangements.

Non-Medicare Services

Medicare will only provide a rebate for services performed by your GP or Nurse as part of a face-to-face consultation. A non-rebateable private fee applies for any services you request your clinician to perform without your attendance at a consultation.

- Referral
- Completion of a form
- Report
- Investigative tests
- Script

Our **online script** service incurs a charge of **\$32 (of which KVM receives \$30)**. However, if unsure, all other non-Medicare service fees should be discussed with our receptionists by calling the clinic on 9331 6967. Please note that scripts requested over the phone also incur a fee of \$32.

Document Printing Fees

Your referral letters, prescriptions, pathology request forms etc., are important documents. The reprinting of documents such as lost referral letters, lost scripts, copies of specialist letters, misplaced pathology or radiology requests will incur a \$10.00 administration fee (not Medicare refundable). Please be advised that reprints may take up to 2 days to complete. *Please keep your original documents as given to you by the doctor.*

Please remember to take your documents and electronic QR codes to the specialist, pathology collection centre, pharmacy, or imaging centre. If you are committed to attending the specialist as indicated on your referral letter, then Reception may be able to e-fax this document through to the specialist's rooms. **Due to privacy/security concerns, letters will not be emailed without the consent of the patient** (*this consent will be noted in the patient file*).

Why can't we just print off a copy of the documents?

Letters are stored within our clinical software unsigned. Pathology requests and prescriptions are printed on proprietary forms. Only a GP can print on these forms or action an e-Request or e-Script. Reprints and repeats of e-Orders take time; often interrupting a doctor's session for "priority" reprints that can mean delays for patients. If your referring doctor is not in or on leave and an urgent reprint is requested, another doctor may be requested to review your file, determine for himself/herself the appropriateness of the referral and then becomes responsible for the referral or test/follow up once printed & signed.