



Billing Policy

The purpose of this policy is to outline the billing procedures at Lakeside Medical Practice Warilla, ensuring transparency, consistency, and compliance with Medicare Australia requirements. The policy provides clear guidance for staff and patients regarding bulk billing, private billing, and procedural billing arrangements.

Policy

Lakeside Medical Practice Warilla is a bulk billing practice for all standard consultations. This means that patients with a valid Medicare card will not incur any out-of-pocket expense for eligible consultations. However, medical procedures, treatments, and non-Medicare services attract a private fee and may incur a gap payment to cover consumables, equipment use, and practitioner time not reimbursed by Medicare.

Billing Categories

1. Bulk Billed Services

The following services are bulk billed to Medicare when a valid Medicare card is presented:

- All GP consultations
- Chronic Disease Management plans and reviews
- Mental Health Management plans
- Health Assessments (where eligible)
- Immunisations (excluding private vaccines)
- Telehealth consultations (for eligible patients)
- Care coordination and follow-up for recall/review
- Dressings
- Ear syringing
- ECGs, Echocardiography, Holter Monitor & 24Hr Blood Pressure Monitor
- All Allied Health services under a care plan

2. Privately Billed Services (Gap Payment Applies)

The following services are privately billed and attract an out-of-pocket gap fee:

- All minor surgical procedures, including:
 - Skin excisions and biopsies
 - Wound repairs (sutures, glue, or clips)
 - Abscess incision and drainage
 - Ingrown toenail removal
 - Cryotherapy for multiple lesions

- Implanon and IUD insertion/removal
- Workers' Compensation, Insurance, and Pre-employment medicals

Procedure

1. Patient Communication

- Reception staff must inform patients at the time of booking or arrival that:
 - Standard consultations are bulk billed for Medicare cardholders.
 - Procedures and non-Medicare services attract a private fee with a gap.
- Fee schedules for procedures are displayed at reception and available upon request.
- Patients are informed of any potential out-of-pocket cost before the service is provided.

2. Billing and Payment Process

- Medicare card validity is verified before processing a bulk bill.
- For private billings:
 - The total fee is paid upfront.
 - The Medicare rebate is processed electronically via Tyro, and the patient's rebate is returned instantly to their nominated account.
- All billing entries must accurately reflect the clinical service provided and comply with Medicare item number definitions.

3. Receipts and Documentation

- Patients receive an itemised receipt for all privately billed services.
- All billing details are recorded in the clinical software.
- Staff must ensure billing notes correspond with the clinical notes.

4. Non-Medicare Eligible Patients

- Patients without a valid Medicare card are charged private rates for all consultations and procedures.
- Fees must be paid in full at the time of service.

5. Workers' Compensation and Insurance Services

All Workers' Compensation, insurance and third-party services are privately billed.

For Workers' Compensation consultations and related services:

- The patient is required to pay the full consultation or procedure fee at the time of service.
- The patient is responsible for claiming reimbursement directly from their employer's insurer.