



Cairns West Medical Centre

Affordable quality healthcare you can trust, just ask our patients
Combining traditions of the past with modern innovation

Billing and Fees explained

Medicare Background

The principle behind Medicare was that people's medical treatment should be paid for by the government via taxation.

Unfortunately, as with all ideals, the reality has proven more difficult.

This is because the cost of treatment and the scope of treatment possible is spiraling ever upwards.

What is bulk billing and why is it stopping?

Bulk billing means is that the health care practitioner agrees to accept the Medicare rebate from the government directly as full payment. Unfortunately, the Medicare rebates that the government sets have not risen in line with the real costs of providing the medical services in an attempt to make the tax books balance. As a result, it is becoming harder and harder for bulk billing practices to survive. Generally speaking, these practices can only cover their costs if they are seeing a large number of patients per day. These practices work on a quick in and out basis with limited doctor contact. Known also as 6-minute medicine.

What is private billing?

Increasingly general practitioners in Australia are saying that this is not good enough. They want more time with their patients and they want to be able to offer a better service. Practices are small businesses like any other and income has to exceed costs in order to make a living. The only way that these two things can occur is if GP's charge a fee, called the gap payment, on top of the Medicare rebate to reflect the real cost of the service. This would not be necessary if the government took a more realistic approach to the cost of Medicare and had proportionally increased the Medicare rebates over the years.

What this means is that you are paying more for the service and the government is paying a lower percentage of that cost.

On the other hand, you are getting more time with your doctor and a better all round service. In health as with everything else the old adage that “you get what you pay for” is as true as anywhere.

There are two Medicare systems provided to help you afford our private care more easily: the Medicare Safety Net and Medicare Easyclaim

Medicare Safety Net

If you need to see doctors or have tests regularly you could end up with high medical costs—the Medicare Safety Net is designed to help you when you need it most. It means that once you reach a safety net threshold, visits to your doctor or having tests may end up costing you less. 80% of out-of-pocket costs- the difference between the Medicare benefit and what your doctor charges you – are then rebated to you as well.

All families and couples need to register. Even if all your family members are listed on your Medicare card you still need to register for the safety net.

- Each family member needs to be identified so their medical costs can be counted toward your family’s safety net.
- You only need to register your family once.

Registering is free.

Individuals are automatically registered—just keep your contact details up-to-date with Medicare.

Individuals, families, and couples are all eligible for the same threshold amounts. If you register as a family or couple your medical costs are combined so that you are more likely to reach the thresholds sooner.

For more info go to

<https://www.humanservices.gov.au/individuals/services/medicare/medicare-safety-net>

Medicare Easyclaim

You can claim their Medicare benefit and have it paid into their bank account through our practice's EFTPOS terminal.

After you have paid for your private care, you swipe your EFTPOS card through the EFTPOS terminal and enter your PIN. If you accept the service, the benefit is paid directly to your bank account, almost immediately.

In other words, in effect, you are only paying the gap, the difference between our fee and the Medicare rebate.