



Billing and Cancellation Policy

Effective Date: 01/02/2025

Applies to: All patients of Mediq Broadmeadows

Table of Content

Section 1: Purpose and Scope	3
Section 2: General Billing Principles	4
2.1 Bulk Billing – General Practice (GP) Services Only	4
2.2 Private Billing – Dental, Psychology, and Allied Health	5
2.3 Child Dental Benefits Schedule (CDBS) – Bulk Billed Dental for Eligible Children	5
2.4 Victorian Dental Voucher (DPV) – Public Dental Access	6
2.5 Concession Cards and Billing	7
2.6 Non-Medicare Patients and Overseas Visitors	7
2.7 Fee Estimates and Pre-Appointment Quotes	8
Section 3: General Practice (GP) Billing	8
3.1 Bulk Billed Services	9
3.2 Valid Medicare Requirements	9
3.3 Non-Bulk Billed Items (Not Covered by Medicare)	10
3.4 Non-Medicare or Overseas Visitors	11
3.5 DVA Card Holders	11
Section 4: Dental Billing and Funding Options	12
4.1 Private Dental Billing	12
4.2 Child Dental Benefits Schedule (CDBS)	13
4.3 Victorian Dental Public Voucher (DPV) Acceptance	14
4.4 Private Health Insurance and HICAPS	14
4.5 Emergency Dental Billing	14
4.6 Dental Treatment Consent and Fee Acknowledgement	15
Section 5: Psychology and Allied Health Billing	15
5.1 Psychology Services	15

Billing and Cancellation Policy - 2025

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Medicare Rebates – Mental Health Treatment Plan (MHTP)	15
Private Clients (Without Referral)	16
5.2 NDIS Psychology Clients	16
5.3 Allied Health Services	17
GP Management Plan (GPMP / TCA) Referrals	17
Private Patients and Health Funds	17
5.4 WorkCover and TAC	17
5.5 Informed Financial Consent	18
Section 6: Third-Party and Insurance Billing	18
6.1 WorkCover Victoria	18
6.2 TAC (Transport Accident Commission)	19
6.3 Immigration Medicals and Employment Checks	19
6.4 Private Insurers, Lawyers, and Legal Requests	20
6.5 Payment and Reimbursement Responsibility	21
Section 7: Payment Methods and Financial Terms	21
7.1 Accepted Payment Methods	21
7.2 HICAPS and Private Health Insurance Claims	22
7.3 Medicare Rebates	22
7.4 Invoicing and Payment Terms (Third-Party Payers)	23
7.5 Outstanding Accounts and Debt Collection	23
7.6 Financial Hardship Support	24
7.7 GST and Billing Disclaimers	24
Section 8: Cancellation and No-Show Policy	24
8.1 Cancellation Policy Overview	25
8.2 Cancellation and No-Show Fees	25
8.3 Waivers and Exceptional Circumstances	25
8.4 Future Appointments and Rebooking Conditions	26
8.5 SMS Reminders and Patient Responsibility	26
Section 9: Billing Disputes and Clarifications	26
9.1 How to Dispute a Charge or Request Clarification	27
9.2 Review and Response Timeframes	27
9.3 Possible Outcomes	28
9.4 Medicare and Insurance Limitations	28
9.5 Escalation Pathways	28
Section 10: Patient Acknowledgement and Rights	29
10.1 Your Rights as a Patient	29
10.2 Patient Responsibilities	30

Billing and Cancellation Policy - 2025

This policy is reviewed annually to remain aligned with current legislation, Medicare guidelines, and accreditation standards. A copy is available at reception, in new patient packs, and on our website: www.mediqcentre.com.au

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10.3 Confirmation and Acknowledgement	30
10.4 Charter of Healthcare Rights	31

Section 1: Purpose and Scope

This policy outlines the billing practices and cancellation procedures for patients attending Mediq Broadmeadows. It ensures that all patients are informed about fees, Medicare coverage, payment responsibilities, and cancellation expectations before receiving care.

The objectives of this policy are to:

- Promote **transparency and fairness** in all billing matters
- Ensure patients are aware of **out-of-pocket expenses** prior to treatment
- Support the clinic's operational efficiency by reducing late cancellations and no-shows
- Maintain compliance with the **RACGP Standards for General Practices (5th Edition)**, **Medicare regulations**, and **AGPAL accreditation criteria**
- Inform patients of their rights and responsibilities under the **Australian Charter of Healthcare Rights**

This policy applies to all patients of Mediq Broadmeadows, including:

- Medicare patients
- Private patients
- Children and concession card holders
- NDIS, TAC, WorkCover, and third-party-funded clients
- Patients accessing general practice, dental, psychology, or allied health services

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Section 2: General Billing Principles

Mediq Broadmeadows operates under a **mixed billing model**:

- **General Practice (GP)**: Strictly bulk billed for all Medicare-eligible patients
- **Dental, Psychology, Allied Health**: Privately billed with applicable gap fees
- **Children's dental care**: May be eligible for bulk billing under Medicare's **CDBS** or through **Victorian Dental Public Vouchers (DPV)**

Our goal is to ensure all patients are informed of any costs prior to treatment. Reception staff are available to explain billing processes, check eligibility, and provide written fee estimates upon request.

2.1 Bulk Billing – General Practice (GP) Services Only

We **strictly bulk bill all general practice services** for patients with a valid Medicare card. This includes:

- Standard face-to-face and telehealth GP consultations
- Mental Health Treatment Plans and reviews
- Chronic Disease Management Plans (GPMP & TCA)
- Health Assessments (e.g. 45–49 year old, ATSI health checks)
- Childhood immunisations and routine wound care
- Follow-up appointments for test results and care plan reviews

Please note:

- A valid **Medicare card** must be presented at each visit

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- If Medicare has expired or is not presented, the consultation will be charged privately
 - Some procedures may incur **consumable or dressing fees**, which will be disclosed prior to treatment
-

2.2 Private Billing – Dental, Psychology, and Allied Health

All non-GP services are privately billed, including:

- **Dental services**
- **Psychology (including MHTP-supported)**
- **Podiatry and osteopathy**

Private billing means:

- Patients pay the full fee on the day of service
 - Medicare rebates apply **only** if the patient has a valid plan (e.g. MHTP for psychology, GPMP for podiatry)
 - **HICAPS** is available for eligible private health insurance claims
 - Itemised receipts are available for rebate processing
-

2.3 Child Dental Benefits Schedule (CDBS) – Bulk Billed Dental for Eligible Children

Children aged 2–17 years may be eligible for the **Medicare CDBS**, which covers up to \$1,095 every two years for dental treatment.

CDBS Bulk Billed Services include:

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- Dental check-ups
- Cleans and fluoride
- X-rays
- Fillings
- Extractions (basic)

Conditions:

- Eligibility is confirmed via Medicare before the appointment
- No out-of-pocket cost applies if within the CDBS limit
- A consent form must be signed prior to treatment

If your child is eligible, their treatment can be **bulk billed through Medicare** under CDBS.

2.4 Victorian Dental Voucher (DPV) – Public Dental Access

Mediq Broadmeadows accepts **Department of Health – Victorian Dental Vouchers (DPV)**.

These vouchers are issued through:

- Public dental waitlists
- Priority access programs
- Community health providers

Conditions:

- Patients must present the original voucher before treatment

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- Only services listed on the voucher are eligible
- Expired vouchers cannot be accepted

Please inform reception at the time of booking if you have a **DPV dental voucher**, so appropriate booking times can be arranged.

2.5 Concession Cards and Billing

For **GP services**, the following are **bulk billed** without exception:

- Pensioner Concession Card holders
- Health Care Card holders
- DVA Gold and White Card holders (for eligible conditions)
- Children under 16
- All patients with valid Medicare cards

Please bring your concession card to each visit.

Concession cards do not apply to:

- Dental services (unless under CDBS or voucher)
 - Psychology or allied health (gap fees may apply)
-

2.6 Non-Medicare Patients and Overseas Visitors

Patients without a valid Medicare card are **not eligible for bulk billing**.

These patients will:

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- Be charged the **full private fee** for GP and all other services
- Be required to **pay on the day of service**
- Receive a receipt to claim with private health or travel insurance (if applicable)

We do not directly bill overseas insurance providers unless a prior agreement is in place.

2.7 Fee Estimates and Pre-Appointment Quotes

Patients may request:

- A **quote** for private dental or psychology services
- An estimate for **procedures not covered by Medicare**
- Confirmation of CDBS or GPMP eligibility prior to attending

Our team will provide:

- Written estimates for elective treatments
- Verbal explanations of gap fees
- Consent forms where required (e.g. psychology, dental procedures)

Section 3: General Practice (GP) Billing

Mediq Broadmeadows is a **strictly bulk billing general practice**. We do not charge out-of-pocket fees for standard Medicare-covered GP consultations. This section outlines what is included in bulk billing, any applicable exceptions, and what patients need to bring for Medicare compliance.

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3.1 Bulk Billed Services

The following services are **fully bulk billed** for all patients with a valid Medicare card:

- Face-to-face and telehealth GP consultations
- Repeat prescriptions and referrals (in consult)
- Test result reviews (in consult)
- Chronic Disease Management Plans (GPMP, TCA)
- Mental Health Treatment Plans and reviews
- ATSI Health Assessments (715)
- Healthy Kids Checks and immunisations
- Standard wound care and dressing changes
- Care plan reviews and routine follow-ups
- COVID-19 and flu vaccinations (Medicare-funded)
- Health assessments (45–49 year olds, 75+ reviews)

No gap fee applies to the above services if Medicare is active.

3.2 Valid Medicare Requirements

To receive bulk billed care, patients must:

- Present a valid **Medicare card** (physical or digital via myGov or Medicare app)
- Have active **eligibility** for the service being claimed (e.g., within annual limits for MHTP reviews)

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- Notify staff if they've **changed Medicare numbers** or recently obtained cover

If the Medicare card:

- Has expired
- Cannot be presented
- Is linked to a visa with no reciprocal cover

...the patient will be charged the **private rate** for the service.

3.3 Non-Bulk Billed Items (Not Covered by Medicare)

Certain services and items may not be covered under Medicare and may incur a **private charge**, including:

Service / Item	Billing Note
Employment medicals or insurance paperwork	Not Medicare-eligible; privately billed
Pre-employment health checks	Private fee applies
Centrelink forms or special letters	Private admin fee applies
Procedures using consumables (e.g. dressings, surgical kits)	Dressing fee may apply (not GP consult)

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Travel vaccines

Vaccine cost payable privately; consultation is bulk billed

Missed appointment fees

Only applied under cancellation policy

These charges will always be **discussed with the patient beforehand** and consent will be obtained.

3.4 Non-Medicare or Overseas Visitors

Patients without valid Medicare are **not eligible for bulk billing**. These patients will:

- Be charged a private GP consultation fee
- Be informed of the amount prior to booking
- Receive a receipt to claim through their private insurer (if applicable)

We do not directly bill or liaise with international insurance providers unless prior arrangements have been made.

3.5 DVA Card Holders

Veterans Affairs Gold and White Card holders are **bulk billed for eligible services**.

- Gold Card: All services related to any medical condition
- White Card: Services related to approved conditions only

Please ensure your DVA card is presented at reception and that your condition is covered under the current referral or claim.

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Section 4: Dental Billing and Funding Options

All **dental services** at Mediq Broadmeadows are **privately billed**. We do not bulk bill dental services under Medicare unless the patient qualifies for specific publicly funded programs such as the **Child Dental Benefits Schedule (CDBS)** or **Department of Health-issued dental vouchers (DPV)**.

This section outlines our dental billing structure, accepted funding schemes, and payment expectations.

4.1 Private Dental Billing

Private dental fees apply to all patients who are not eligible for CDBS or DPV vouchers. A full list of treatment fees can be provided upon request and may include:

- Check-ups and cleans
- Fillings and restorations
- Tooth extractions
- X-rays and diagnostic imaging
- Emergency dental consultations
- Scale and polish, fluoride application
- Root canal treatment
- Crowns, bridges, and prosthetics

Key points:

- Patients will receive a **written estimate** before treatment begins

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- Payment is due **on the day of service**
 - We offer **HICAPS** for private health fund claiming
 - Any health fund shortfall (gap) must be paid at the time of the appointment
-

4.2 Child Dental Benefits Schedule (CDBS)

We bulk bill eligible children under the **Medicare Child Dental Benefits Schedule (CDBS)**, which provides up to **\$1,095** over 2 calendar years for basic dental services.

Covered services include:

- Check-ups and exams
- Cleans and fluoride treatments
- Fillings
- Tooth extractions
- Diagnostic X-rays

Conditions:

- Eligibility is checked via Medicare prior to treatment
- The child must be aged 2–17 and meet the eligibility criteria
- A CDBS consent form must be signed by a parent or guardian prior to treatment
- No gap is payable as long as services are within the benefit cap

If the cap is exhausted or a non-covered service is requested, a private fee may apply (discussed before treatment).

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4.3 Victorian Dental Public Voucher (DPV) Acceptance

Mediq Broadmeadows accepts **Department of Health–issued Victorian Dental Vouchers (DPV)**.

How it works:

- Vouchers are issued to eligible patients on public dental waitlists or through priority access programs
- The voucher must be **presented before treatment**
- Only treatments listed on the voucher are provided
- Expired vouchers are not accepted

Patients are encouraged to notify reception at the time of booking if they intend to use a DPV.

4.4 Private Health Insurance and HICAPS

We accept all major private health funds via **HICAPS** for same-day claiming on eligible services.

Important Notes:

- It is the patient's responsibility to check their **dental cover limits** with their health fund
 - Any gap not covered by insurance must be paid on the day
 - Not all treatments are claimable—our team can provide item codes for you to confirm coverage with your fund in advance
-

4.5 Emergency Dental Billing

Emergency dental patients are **billed privately** unless they are:

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- Eligible under **CDBS**, or
- Present a valid **DPV voucher**

Our dentists will explain any urgent treatment fees before proceeding. A deposit may be required for high-cost emergency procedures.

4.6 Dental Treatment Consent and Fee Acknowledgement

Before beginning any treatment:

- Patients will receive a **written treatment plan and fee estimate**
- You will be asked to **sign a consent form** confirming your understanding of the proposed procedures and associated fees
- Informed financial consent is part of our clinical governance and legal compliance obligations

Section 5: Psychology and Allied Health Billing

All **psychology and allied health services** at Mediq Broadmeadows are **privately billed**. These services are not eligible for bulk billing under Medicare, although rebates may apply if the patient holds a valid referral or treatment plan (e.g. Mental Health Treatment Plan or GP Management Plan).

This section explains billing structures, funding programs, and patient payment responsibilities.

5.1 Psychology Services

Psychology consultations are privately billed. We do not bulk bill psychology under any circumstances.

Medicare Rebates – Mental Health Treatment Plan (MHTP)

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Patients referred by their GP under a valid MHTP may be eligible for:

- Up to **10 Medicare-rebated psychology sessions per calendar year**
- Rebates processed on-site or via Medicare online/mobile app
- Gap fees apply to each session and must be paid on the day

Important Notes:

- Patients must bring their **referral letter and MHTP** at their first session
- Referrals expire after 6 sessions; a GP review is needed to access additional sessions
- Medicare does not cover non-attendance or late cancellations — these are out-of-pocket

Private Clients (Without Referral)

Clients attending without a GP referral are responsible for the full consultation fee. Medicare rebates are not available for private sessions without an MHTP.

5.2 NDIS Psychology Clients

We accept **self-managed and plan-managed NDIS participants** for psychology.

Conditions:

- A service agreement is required
 - Sessions must be pre-approved in line with the participant's funding plan
 - We do not accept NDIA-managed clients at this time
 - Invoices are provided for self-claiming, or billed directly to plan managers where authorised
-

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5.3 Allied Health Services

Podiatry and osteopathy services at Mediq Broadmeadows are privately billed. However, **Medicare rebates** may apply under specific referral types.

GP Management Plan (GPMP / TCA) Referrals

Patients with chronic conditions may be eligible for:

- Up to **5 Medicare-subsidised allied health visits per year**
- These must be coordinated by the GP and supported by a valid TCA

Important Notes:

- The full consultation fee is payable on the day
- Medicare rebates are processed on-site or claimable online
- A **gap fee** applies per session

Private Patients and Health Funds

Patients not using a care plan will pay the full private fee. HICAPS is available for private health insurance claims (podiatry only).

5.4 WorkCover and TAC

WorkCover and TAC clients:

- Are required to pay privately **unless** prior written approval is provided
- Must submit claims directly to their insurer for reimbursement
- We do not directly invoice insurers unless pre-authorized

If the claim is rejected or delayed, the patient is liable for full payment.

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5.5 Informed Financial Consent

All psychology and allied health patients will:

- Receive a clear **verbal explanation** of fees at the time of booking
- Be provided a **written fee schedule or consent form** before their first session
- Be required to **pay on the day**, unless an NDIS or approved third-party arrangement is in place

Fees for late cancellations or missed appointments are outlined in our cancellation policy.

Section 6: Third-Party and Insurance Billing

Mediq Broadmeadows accepts a limited number of **third-party funding arrangements**. These include approved cases through:

- **WorkCover Victoria**
- **Transport Accident Commission (TAC)**
- **NDIS (self-managed and plan-managed only)**
- **Immigration, pre-employment, or private medical assessments**
- **Private insurers or legal firms (by prior agreement only)**

Third-party billing is only permitted if **written approval or a funding agreement is received prior to the appointment**. If approval is not received, patients will be billed privately and issued an invoice for reimbursement through their funder.

6.1 WorkCover Victoria

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WorkCover patients are **not bulk billed**.

Conditions:

- Patients must provide a valid **WorkCover claim number and case manager details**
- Appointments are billed **privately until liability is accepted**
- Patients are liable for any costs incurred if their claim is **declined or inactive**
- Invoices are provided for patient reimbursement

No direct insurer billing will be performed unless **written authorisation** is received in advance.

6.2 TAC (Transport Accident Commission)

TAC clients are also **privately billed**, unless written confirmation is provided prior to the appointment.

Conditions:

- TAC claim number and approval documentation must be presented before the appointment
- Private billing applies until approval is verified
- If coverage is refused, the patient is responsible for full payment

We do not liaise directly with TAC unless prior arrangements have been made.

6.3 Immigration Medicals and Employment Checks

Immigration health examinations and pre-employment checks are **not Medicare-rebatable** and are billed at full private rates.

These services may include:

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- Comprehensive medical review
- Pathology and imaging
- Vaccination status report
- Vision and hearing screening
- Report writing and document certification

Conditions:

- A full quote is provided before booking
- Payment is required upfront
- Reports will not be released until payment is finalised

6.4 Private Insurers, Lawyers, and Legal Requests

We may provide medical reports or patient information to third parties (e.g. law firms, insurance brokers) if:

- The patient has provided **written and signed consent**
- The third party has submitted a **formal request in writing**
- Payment for administrative time is confirmed and prepaid if applicable

Fees for private reports vary depending on complexity, time required, and urgency. These fees are **not covered by Medicare** and include:

- Letters or summaries requested outside standard care
- Legal assessments or expert witness documentation

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- Time spent reviewing notes and consulting other providers
-

6.5 Payment and Reimbursement Responsibility

In all third-party billing scenarios, the patient remains **ultimately responsible** for payment if:

- Approval is delayed or denied
- The third party fails to reimburse in a timely manner
- The claim is closed, inactive, or exceeds the scope of funding

We will always aim to provide transparent quotes in advance and assist patients in understanding their rights to seek reimbursement from their funder.

Section 7: Payment Methods and Financial Terms

To maintain smooth and fair operations, **payment is required on the day of your appointment** for all privately billed services. This applies to dental, psychology, allied health, and third-party consultations where funding approval is not confirmed in advance.

We do not routinely offer credit accounts, delayed billing, or split payments unless prior arrangements have been approved in writing by the Practice Manager.

7.1 Accepted Payment Methods

We accept the following payment options across all departments:

- **EFTPOS** (debit and credit card)
- **Visa / Mastercard**
- **HICAPS** (for participating private health funds – dental and podiatry only)

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- **Cash** (in exact amount – limited change available)
- **Bank transfer** (by invoice only, for pre-approved third-party payers)

Receipts are issued electronically or in print upon request.

7.2 HICAPS and Private Health Insurance Claims

If you have private health insurance:

- We can process claims **immediately via HICAPS** for eligible dental and podiatry services
- You will be required to **pay the gap** not covered by your fund
- Patients are responsible for confirming their coverage and available limits with their insurer before the appointment

HICAPS is not available for psychology, osteopathy, or WorkCover/TAC cases at this time.

7.3 Medicare Rebates

Where applicable (e.g. psychology with MHTP or podiatry with GPMP/TCA), we offer:

- **On-site Medicare claiming** via EasyClaim
- **Rebate receipts** for self-claiming online or through the Medicare Express app

Medicare rebates do not apply to:

- Dental services (except CDBS)
- Immigration, legal, or employment medicals

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- Missed appointment fees
 - Consumables used during procedures
-

7.4 Invoicing and Payment Terms (Third-Party Payers)

Invoices issued to third parties (e.g. NDIS plan managers, insurers, legal firms) will include:

- Patient name and date of birth
- Date and type of service
- Item codes (if applicable)
- Total amount payable, GST status, and payment due date

Unless otherwise stated, **payment is due within 14 calendar days** from the invoice date. Late payments may affect the patient's ability to continue accessing funded services until the account is settled.

7.5 Outstanding Accounts and Debt Collection

Patients with **overdue accounts** may be:

- Denied non-urgent appointments until the account is paid
- Referred to a **debt recovery agency** if invoices remain unpaid beyond 30 days
- Required to pay a **deposit or upfront booking fee** for future appointments

We reserve the right to **charge an administration or legal recovery fee** in accordance with Victorian law if debt collection is required.

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7.6 Financial Hardship Support

If you are experiencing financial difficulty:

- Please speak confidentially with the **Practice Manager prior to your appointment**
- In exceptional cases, payment plans may be arranged or cancellation fees may be waived
- We will never deny urgent or medically necessary GP care due to inability to pay

We will always treat financial matters with sensitivity, fairness, and in line with the **Australian Charter of Healthcare Rights**.

7.7 GST and Billing Disclaimers

- All fees listed are **GST-inclusive** unless explicitly stated otherwise
- Patients are responsible for confirming rebate eligibility with **Medicare or their private insurer**
- Prices are subject to change; fee schedules are reviewed regularly and available upon request
- Estimates provided for dental or psychology services are based on clinical assumptions and may be revised after examination

Section 8: Cancellation and No-Show Policy

To ensure fairness and reduce appointment wastage, **Mediq Broadmeadows enforces a strict 24-hour cancellation policy across all departments**. This allows us to offer cancelled slots to other patients in need and ensures our clinicians' time is used effectively.

Billing and Cancellation Policy - 2025

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8.1 Cancellation Policy Overview

If you are unable to attend your appointment, you must notify the clinic **at least 24 hours in advance**.

Cancellations can be made by:

- Calling **03 9309 2088**
- Emailing **mediqb@gmail.com**
- Speaking directly with reception

Late cancellations (less than 24 hours) and non-attendance without notice will result in a **fee** being applied to your account.

8.2 Cancellation and No-Show Fees

The following fees apply when less than 24 hours' notice is given, or the appointment is missed without notice:

Service Type	Cancellation Fee
GP Consultation	\$50
Dental Appointment	\$50
Psychology Session	\$75
Allied Health	\$50

These fees are **not Medicare-rebatable** and must be paid before any future appointments are booked.

8.3 Waivers and Exceptional Circumstances

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The cancellation fee may be **waived at the discretion of the Practice Manager** in the case of:

- Medical emergency or sudden illness
- Family emergency, bereavement, or carer crisis
- Hospitalisation or serious mental health episode

Please contact the clinic as early as possible to discuss your circumstances. Supporting documentation may be requested for repeat waivers.

8.4 Future Appointments and Rebooking Conditions

If you miss an appointment or cancel late:

- You may be **unable to book another appointment** until the fee is paid
 - Psychology, dental, or extended consults may require **upfront deposits** for rebooking
 - Repeat offenders may be restricted to same-day bookings only or removed from service eligibility for non-essential care
-

8.5 SMS Reminders and Patient Responsibility

While we offer courtesy SMS reminders 24–48 hours in advance:

- These reminders are not guaranteed
- You are responsible for remembering and attending your booked appointment
- The cancellation policy still applies, even if you do not receive a reminder

Section 9: Billing Disputes and Clarifications

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Mediq Broadmeadows is committed to **transparency, fairness, and respectful communication** in all financial matters. We understand that patients may occasionally have questions or concerns regarding fees, rebates, or invoices.

This section outlines how to seek clarification or dispute a charge in a structured, confidential, and non-confrontational manner.

9.1 How to Dispute a Charge or Request Clarification

If you believe you have been charged incorrectly or require further information about a fee, you may:

- Speak with the **Reception Team** at the time of payment
- Contact the **Practice Manager** in person or via email at **mediqb@gmail.com**
- Provide a written request including:
 - Your full name and date of birth
 - The appointment date
 - A copy of the receipt or invoice in question
 - A brief explanation of your concern

9.2 Review and Response Timeframes

Upon receiving a billing dispute or clarification request:

- The Practice Manager will review the account, service record, and billing codes
- If needed, clinical staff may be consulted for context (e.g. time spent, procedures provided)
- A response will be provided within **5 business days** either via phone, email, or in writing

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9.3 Possible Outcomes

Following review, one of the following may occur:

- Confirmation that the charge was correct (with explanation)
- Correction of a billing error and issue of a refund or credit note
- Adjustment or waiver of a charge (in rare circumstances and at management's discretion)
- Referral to a third-party funder (e.g. TAC, insurer) if it relates to external billing decisions

9.4 Medicare and Insurance Limitations

Please note:

- **We cannot influence Medicare rebate decisions** or override Medicare eligibility criteria
- **Private health fund decisions** are governed by your policy — we can provide item codes and invoices but are not responsible for declined claims
- Rebates may vary based on the **type of referral**, your **yearly limits**, or **funding approvals**

9.5 Escalation Pathways

If you are not satisfied with the outcome of a billing dispute, you may:

- Request a formal review by the **Practice Principal**
- Submit a written complaint through our **Complaints and Feedback Policy**

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- Contact external bodies such as the:
 - **Health Complaints Commissioner (Victoria)**
 - **Office of the Australian Information Commissioner (for Medicare and privacy issues)**

We encourage open discussion and will always strive to resolve concerns promptly and respectfully.

Section 10: Patient Acknowledgement and Rights

Mediq Broadmeadows recognises the importance of patient rights in relation to healthcare access, billing transparency, financial fairness, and respectful communication. This section outlines what patients can expect from us and what we ask in return to support safe, sustainable care.

10.1 Your Rights as a Patient

As a patient of Mediq Broadmeadows, you have the right to:

- Be informed of any **fees, rebates, and charges prior to receiving care**
- **Request clarification** about any aspect of your invoice or billing
- Receive a **written quote** or fee estimate upon request
- Be provided with **receipts and documentation** required for Medicare or private insurance claims
- Make a **confidential complaint or billing dispute** without fear of discrimination
- Access **financial hardship support** (where appropriate) for essential care

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- Be treated with **respect, dignity, and professionalism** at all times
 - Decline services after being informed of costs, with no impact on your ability to access future medical care
-

10.2 Patient Responsibilities

In return, we ask that all patients:

- Provide accurate Medicare, concession, or insurance information prior to their appointment
 - Be aware of this Billing and Cancellation Policy, which is available:
 - On our website
 - At reception
 - In your new patient registration pack (if applicable)
 - **Pay all fees on the day of service**, unless prior arrangements have been made
 - **Give at least 24 hours' notice** if they are unable to attend a scheduled appointment
 - Treat all staff with courtesy, particularly in relation to fee queries, cancellations, or disputes
-

10.3 Confirmation and Acknowledgement

By attending your appointment at Mediq Broadmeadows, you acknowledge that:

- You have been made aware that **GP services are bulk billed**, while **dental, psychology, and allied health services are privately billed**

Billing and Cancellation Policy - 2025

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- You understand that **missed appointments without 24 hours' notice incur a fee**
 - You may **ask questions or request printed policies** at any time
 - You consent to our use of **Medicare EasyClaim**, HICAPS, or private health rebates to process claims on your behalf (where applicable)
-

10.4 Charter of Healthcare Rights

This policy is consistent with the **Australian Charter of Healthcare Rights**, which ensures that all patients receive care that is:

- **Safe**
- **Respectful**
- **Accessible**
- **Transparent**
- **Culturally appropriate**
- **Financially explained**

We thank you for your cooperation and understanding as we work to deliver accessible, high-quality care in a sustainable way.

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