



1st July 2023

MEDICARE Enhanced Primary Care (EPC) Patient Information

It is the policy of the clinic to follow guidelines given by the Australian Government Department of Health for all Referral forms given in relation to Chronic Disease Management Program.

Patient Information

- A patient must have all EPC paperwork provided including a GP Management Plan and Team Care Arrangements. All paperwork is to be signed and dated by the GP.
- A referral is valid for the stated number of services indicated by the GP.
- Medicare will only rebate for a maximum of 5 Allied Health Services per patient each calendar year. Additional services are not possible in any circumstances. Treatment can be continued after the number of referred EPC treatments have been utilised and will be charged at the Clinic Fee of \$90.00.
- If all services are not used during the calendar year in which the patient was referred, the unused services can be utilised in the following “new” calendar year. The number of unused services will be counted towards and not accumulate with the 5 rebates for Allied Health Services available to the patient in the “new” calendar year. *Remember Medicare will only rebate you the patient for 5 services in a calendar year i.e. January 1st to December 31st.*
- **It is the patients’ responsibility to be aware of the number of services used across all Allied Health Referred Visits within a calendar year. The patient can confirm the number of treatments available by contacting Medicare by phone on 13 20 11 and in consultation with your GP. If you exceed the maximum of 5 Allied Health Services with in a calendar year, Medicare will decline payment of your rebate**

Please Read the Clinic Payment Policy

The clinic has a FEE CHARGE of \$68.00 that is required to be paid on the day of consultation. This includes the \$58.00 Scheduled Medicare Fee/Rebate per Chronic Disease Management / EPC Plan Visit and \$10.00 clinic gap fee.

As per the Medicare legislation, the clinic is required to process the Total Fee of \$68.00 which required to be paid by patient on the day of consultation. The \$58.00 Medicare Rebate can then be claimed either by:-

1. The clinic which can process the Medicare Rebate for the patient on the day of payment however,
the patient will require a eftpost/debit card with chq/savings acc and pin number (Medicare will not rebate to a a credit card)

OR

2. The patient will be provided with a Printed Receipt and is to claim from Medicare the Rebate Refund online via the Medicare App or in person by attending a Medicare office.