

Billing and Payment Policy

At Goulburn Valley Physiotherapy Centre we are proud to provide a quality service. Prompt payment for that service is appreciated. The patient receiving treatment (or their parent/guardian) is ultimately responsible for outstanding accounts. Not all physiotherapists at the clinic see all patient types.

Private

Full payment on the day of service is required. HICAPS is available for private health insurance claims.

Medicare

Full payment by the patient on the day of service is required. To claim a Medicare rebate the correct GP referral must be provided to us, and a Chronic Disease Management Plan must have been developed. We will submit a claim for you to Medicare. If you are eligible, Medicare will pay a rebate back to you. We do not bulk bill. Please note that you may only claim up to five subsidised sessions per calendar year across all of allied health. The Medicare rebate does not cover the full appointment cost. Please ask reception for the current gap.

WorkCover

Patients with Victorian WorkCover claims may be eligible for us to bill their insurance company directly. To be eligible the following criteria must be met:

- The injury has been accepted by the relevant insurance company
- The employer has met their excess
- The injury is less than seven months old
- The injury is greater than seven months old, but a written approval from the payer is provided
- All relevant WorkCover paperwork is up to date.

Gap fees apply for patients with conditions greater than seven months old as WorkCover do not cover the full appointment fee.

Patients with interstate workers compensation insurance claims need to discuss billing with the practice manager before commencing treatment.

If the above criteria are not met, the patient is responsible for payment in full on the day of service.

TAC

We will bill the TAC directly if the following criteria are met:

- The claim has been accepted by the TAC
- The claim is less than ninety days old
- The claim is more than ninety days old but written approval from the TAC is provided
- All relevant paperwork is up to date



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If the above criteria are not met, the patient is responsible for payment in full on the day of service. The patient may then be able to claim a whole or part of the fee back from the TAC.

NDIS

We are able to accept Plan Managed and Self Managed NDIS participants on a case-by-case basis. We cannot accept NDIA-managed participants. The NDIS participant or their parent/guardian is ultimately responsible for ensuring that they have sufficient funds to cover the cost of service. Physiotherapy fees are in line with the NDIS schedule. No gap fees are charged.

Plan Managed

The participant must provide billing information to the clinic before the commencement of treatment. An invoice will be forwarded to the Plan Manager on, or as close as possible to, the day of service. Payment terms from the Plan Manager are strictly thirty days from the invoice date.

Self Managed

The NDIS participant is responsible for payment either:

- on the day of service for in-clinic sessions
- within thirty days of any home visit/out of clinic sessions
- within thirty days of any billable paperwork including reports

DVA

The DVA will cover the cost of clinically appropriate physiotherapy as long as the following criteria are met:

- An appropriate referral is received, generally from a GP
- The referral is up to date. Most referrals are valid for either twelve sessions or twelve months, whichever is shorter.
- The condition has been accepted by the DVA.

We will bill the DVA directly. No gap fees apply.

Other third party funders, including My Aged Care

We are able to accept payment from other third party funders on a case-by-case basis. Prior to being able to bill the funder directly we will need written pre-approval. This may include, but not be limited to, a relevant purchase order being provided. If the amount paid by the funding body does not cover the fees we charge, a gap fee may be charged to the patient. Gap fees are payable on the day of service. Third party funders will be invoiced on the day of service, and payment terms are strictly thirty days. If payment terms are not met, treatment may be ceased.

Need more information?

Contact the practice manager

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