

## GUIDELINES WHEN YOU MAKE AN APPOINTMENT TO SEE A SPECIALIST

- Patients must have a GP or Nurse Practitioner (NP) referral to receive Medicare reimbursements. There are different types of referrals.
- Medicare-reimbursed consultations do not cover referrals by 3<sup>rd</sup> parties or any form of a report (for medico-legal purposes, NDIS, Disability Support Pensions, Driver's or Firearms licencing), assessments such as ASD/ADHD/IQ/Disabilities. Patients will have out-of-pocket expenses and must provide Informed Financial Consent related to individual circumstances.
- Please respect the **strict cancellation policy**. Non-compliance with the cancellation policy will incur a fee up to the full fee for the consultation. Please read the FAQ under the cancellation policy.
- The appointments are booked through the online booking system. A prior \$100/- deposit is required to secure the session. This fee is applicable irrespective of the Medicare or 3<sup>rd</sup> party referral. This fee is reimbursed when you attend the appointment.
- Any out-of-pocket (OOP) costs will count towards the Medicare safety net for that patient and the family registered under the same Medicare Card. If OOP exceeds the government's set threshold for that calendar year, the patient will be eligible to receive 85% or more of the OOP from Medicare. Register for Medicare Safety Net today.
- The Individual specialist sets the fees. Please note that running a practice has many hidden costs, and government rebates do not cover the running costs.
- Consider what type of referral benefits you the most. We encourage you to discuss the type of referral and the reason for the referral with your GP or NP.

The following table explains the different forms of referrals

## REFERRAL FOR MANAGEMENT PLANS

PSYCHIATRISTS	
<p><b>Initial referral - General:</b> GP/NP requests the Psychiatrist to organise a 12-month management plan after a diagnostic assessment.</p>	<p>(a) By requesting the assessment, GP/NP agrees to manage the ongoing care for the next 12 months per the Psychiatrist's recommendations.</p> <p>(b) The Psychiatrist will complete the diagnostic formulation between 1 – 3 sessions, depending on the complexity of your presentation.</p> <p>(c) The Psychiatrist will prepare a written report to the referring GP/NP, which includes:</p> <ol style="list-style-type: none"> <li>Diagnostic assessment of you and</li> <li>A management plan for your referring GP/NP for the next 12 months includes recommendations to the GP/NP on managing your ongoing care for the next 12 months. This includes                     <ol style="list-style-type: none"> <li>medication management, including side effects</li> </ol> </li> </ol>

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	<ul style="list-style-type: none"> <li>ii. types of investigations and how to monitor</li> <li>iii. referral to other services</li> <li>iv. reasons for re-referral</li> </ul> <p><b>(d)</b> Organise a re-referral because you need continuity of care under the Psychiatrist.</p>
<p><b>Re-referral – General:</b> GP/NP request the Psychiatrist to review the above 12-month management plan.</p>	<ul style="list-style-type: none"> <li>(a) The Psychiatrist will review the above management plan and advice the GP/NP on how to modify the plan according to your progress, mental state/role functioning.</li> <li>(b) The Psychiatrist will prepare a written report to the referring GP/NP, which includes the modification to the above plan.</li> </ul>
<p><b>Initial referral for Eating Disorder Treatment and Management Plan (EDP):</b> GP/NP request the Psychiatrist to prepare an EDP.</p>	<ul style="list-style-type: none"> <li>(a) For EDP, the Psychiatrist will assess whether you have the following eligibility criteria. <ul style="list-style-type: none"> <li>a. The clinical diagnosis of anorexia nervosa or</li> <li>b. bulimia nervosa;</li> <li>c. binge-eating disorder;</li> <li>d. other specified feeding or eating disorders.</li> </ul> </li> <li>(b) The comprehensive treatment and management plan for 12 month period would contain <ul style="list-style-type: none"> <li>a. Up to 20 dietetic services and</li> <li>b. Up to 30 eating disorder psychological treatment services (EDPT service) and</li> <li>c. Review and ongoing management services to ensure that the patient accesses the appropriate level of intervention.</li> </ul> </li> </ul>
<p><b>Re-referral for EDP:</b> GP/NP request the Psychiatrist to review an Eating Disorder Treatment and Management Plan (EDP).</p>	<ul style="list-style-type: none"> <li>(a) The Psychiatrist will review the above EDP management plan and advice the GP/NP on how to modify the plan according to your progress with weight mental state/role functioning.</li> <li>(b) The Psychiatrist will prepare a written report to the referring GP/NP, which includes the modification to the above plan.</li> <li>(c) A psychiatrist may recommend a further ten eating disorder psychological treatment services (EDPT service) (total of 40 sessions/calendar year).</li> </ul>
<b>GERIATRICIANS</b>	
<p><b>Initial referral:</b> GP/NP request the Geriatrician to organise a 12-month management plan after a diagnostic assessment.</p>	<ul style="list-style-type: none"> <li>(a) By requesting the assessment, the GP/NP agrees to manage the ongoing care for the next 12 months per the Geriatricians' recommendations.</li> <li>(b) The Geriatrician will complete the diagnostic formulation between 1 – 3 sessions, depending on the complexity of your presentation.</li> <li>(c) Geriatricians will prepare a written report to the referring GP/NP, which includes:</li> </ul>

	<ul style="list-style-type: none"> <li>a. Diagnostic assessment of you and</li> <li>b. A management plan for your referring GP/NP for the next 12 months includes recommendations to the GP/NP on how to manage your ongoing care for the next 12 months. This includes             <ul style="list-style-type: none"> <li>i. medication management, including side effects</li> <li>ii. types of investigations and how to monitor</li> <li>iii. referral to other services</li> <li>iv. reasons for re-referral</li> </ul> </li> </ul>
<p><b>Re-referral:</b> GP/NP request the Geriatrician to organise a 12-month management plan after a diagnostic assessment.</p>	<ul style="list-style-type: none"> <li>a. The Geriatrician will review the above management plan and advice the GP/NP on how to modify the plan according to your progress, mental state/role functioning.</li> <li>b. Geriatrician will prepare a written report to the referring GP/NP, which includes the modification to the above plan.</li> </ul>

**REFERRAL FOR CONTINUITY OF CARE BY PSYCHIATRIST I GERIATRICIAN**

A referral from a GP or NP to a specialist can be

Time-limited for 12 months:

If you continue to see the specialist Psychiatrist or Geriatrician, you must obtain a new referral from your GP or NP.

Indefinite referral:

Your GP or NP will organise the referral for more than 12 months period. If a patient needs continuing care, GPs can write a referral beyond 12 months or indefinitely.

The referral starts when the specialist first meets the patient, not the date referred by the GP or NP.

It is not uncommon for patients to change their GP I NP. Please make sure you update details with our services.

(Last updated: 07.07.2024)