GUIDELINES FOR A REFERRAL TO A PSYCHOLOGIST:

- Medicare-reimbursed consultations do not cover referrals by 3rd 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 3rd 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 psychologist 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.

Referrals and Referral Validity

Services provided under the Psychological Therapy items will attract a Medicare rebate with the following conditions:

- A GP has made a referral to see a Psychologist and organised a GP Mental Health Treatment Plan; or
- A Psychiatrist or Paediatrician made a referral.

If a referral does not specify whether the referral is for individual or group therapy, the patient can use a referral to access either individual or group therapy treatment options.

The number of services per year is limited to 10 sessions.

Medicare rebates are available for up to 10 individual mental health services in a calendar year.

- An initial course of treatment – a maximum of six sessions.
- The subsequent course of treatment – a maximum of four sessions.

On completion of the initial course of treatment, the psychologist must provide a written report to the referring GP or specialist, which includes information on:

- assessments carried out;
- treatment provided, and

- recommendations on future management

  The GP or specialist will consider the above-written report in assessing the patient's clinical need for further sessions after each course of treatment.

Patients can also claim up to 10 separate services within a calendar year for group therapy services.

When you need more than ten sessions

- The patient may be eligible for Primary Health Network (PHNs) funded psychological therapies if they meet relevant eligibility criteria for the PHN-commissioned services.
- Your GP may consider a referral to the local PHN for services under the Access to Allied Psychological Services (ATAPS) program.

Out-of-pocket expenses and Medicare safety net

- Any out-of-pocket (OOP) costs will count towards the Medicare safety net for that patient.

Use of Private health insurance

- Patients must decide if they will use Medicare or their private health insurance ancillary cover to pay for the psychological services.
- Patients cannot use their private health insurance ancillary cover to 'top up' the Medicare rebate paid for the services.

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)