Patient Billing Policy

Concordia Medical | Reviewed: October 2026

Our commitment

We are a participating Bulk Billing Practice Incentive Program (BBPIP) practice. We bulk bill all BBPIP-eligible general practice non-referred attendance services for patients who are eligible for Medicare. This means no out-of-pocket fee for these services.

What is bulk billing?

When a service is bulk billed, the treating practitioner accepts the Medicare benefit as full payment for that service. You do not pay a gap for a bulk-billed service.

Services we bulk bill

Subject to the relevant Medicare Benefits Schedule (MBS) eligibility and item requirements, these include standard and longer GP consultations, eligible GP telehealth, mental health treatment plans and reviews, GP chronic condition management plans and eligible health assessments.

Services that may have a fee

Some services are not covered by the BBPIP bulk-billing requirement and may be privately charged. Examples include commercial driver and pre-employment medicals, insurance and medicolegal reports, and certain procedures such as skin lesion excisions, suturing, iron infusions and contraceptive implant procedures. Whether Medicare applies depends on the specific service and item. Reception will explain any proposed fee before booking or treatment. A procedure is not automatically privately billed simply because it is a procedure.

Telehealth eligibility

Medicare telehealth eligibility depends on current MBS rules. Generally, patients qualify if they are registered with MyMedicare at this practice, or have received an eligible face-to-face MBS service from a practitioner at this practice within the previous 12 months. Exceptions apply for certain patients and services, including babies under 12 months, people experiencing homelessness, people in natural-disaster affected areas, and certain mental health and chronic condition management services. Our team will check eligibility before your appointment. Where Medicare does not apply, we will advise you of any private fee in advance.

Assignment of Medicare benefits

For bulk-billed services, the patient or authorised person must agree to assign the Medicare benefit to the treating practitioner. This may be arranged electronically or on paper, before or after the service. During the transition period ending 30 June 2027, appropriately recorded verbal agreement is also permitted. Eligible patients, including patients registered with MyMedicare, may be offered an enduring assignment agreement for ongoing GP services. Such agreements are optional and subject to the applicable rules.

What to bring

Please bring your Medicare card or Medicare details and any relevant concession or Department of Veterans' Affairs card. If your Medicare details are out of date, we will check your eligibility and discuss the available billing arrangements before any fee is charged.

Questions or concerns

Please speak with reception before your appointment if you are unsure whether a service is bulk billed or may attract a fee.