

The Sydney Melanoma Diagnostic Centre
Important Changes to our Billing Policy
For Procedures
Effective from January 2023

Dear Valued Patients,

We wish to inform you of important changes to our billing policy for procedures at The Sydney Melanoma Diagnostic Centre.

After long, careful consideration, we have made the decision to introduce mixed billing for procedures to our practice.

What is mixed-billing?

Mixed-billing means that most patients will now pay a 'gap payment' for procedures undertaken at our centre. A gap payment is an out-of-pocket cost that is the difference between the practice's private fee and the Medicare rebate.

Access to skin care is very important to us. Therefore, certain patients will continue to be bulk-billed or receive a concession fee, depending on their individual circumstances.

Patients seeking bulk-billing or concession entitlements will need to present their valid concession cards at their appointment.

Patients who will continue to be bulk-billed are:

- Pension card holders, and
- Defence Veterans.

Reasons for the change in policy

We are committed to maintaining and improving the quality of healthcare we provide and have had to take this step in order to protect the sustainability of our practice.

As you may be aware, Medicare rebates have not kept up with the cost of running a private practice. Bulk billing represents a significant discount to healthcare, which has become untenable. Fees charged are not just the doctor's income; they also pay for the practice rooms, administration staff, nurses, medical consumables, and equipment.

The returns we receive from Medicare simply do not cover our costs of operating as a private practice, let alone as a practice that prides itself on providing the highest quality of skin care possible.

How will the fee be processed?

When your doctor identifies that a procedure is required, the expected outcomes and diagnosis will be discussed with you. The procedure may be performed on the same day or a future appointment will be booked. Our admin team will take a prepayment in relation to the item number expected, along with payment for your consult, if applicable. The claim for your consultation will be lodged as usual, normally on the same day as your appointment. However, we are required to wait for the pathology report before we can lodge the claim for your procedure.

Once the pathology report comes back from your procedure, it will be processed and the claim will then be electronically lodged with Medicare. Under normal circumstances, you should expect to receive your rebate within 24 hours of lodgement.

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How long will it take to receive my rebate?

Our practice utilises the pathology department at Royal Prince Alfred Hospital, so that the service can be bulk billed and you do not incur further expense that would be applicable from a private pathology service.

This pathology department serves the entire health district; therefore, reporting time is normally around 10 business days from your procedure, depending on their workload.

It may take up to a further 10 business days from the time we receive your report to process the required steps towards lodgement of your claim, depending on our workload. Therefore, rebates may not be available for approximately 4 weeks from your procedure date. However, our team will endeavour to expedite processing of reports to lodge claims so that you have your rebate back as quickly as possible.

If you have any concerns or queries regarding this change of policy, or are experiencing financial challenges, please speak to your doctor or our friendly admin team.

***We cannot thank you enough for your ongoing support of our practice
– In the past and into the future – as we make this transition.***