

CLIENT BILLING POLICY

Effective from 23 September 2024

1. PURPOSE AND SCOPE

This policy outlines the mixed billing approach that will be offered to Hedland Well Women's Centre clients presenting for fee for service appointments, consultations and /or procedures at Hedland Well Women's Centre (HWWC).

All HWWC clients will be informed that there will be out of pocket expenses which will vary dependant on GP service provision and applicable Medicare prior to their appointment at the Centre.

A late cancellation/no attendance fee will also be charged where the service is subject to fee for service. This does not apply to any services offered for free via the Centre.

This policy applies to HWWC members, clients, staff including employees, board members, students, volunteers, and anyone who represents HWWC. This policy applies to all billable services only.

2. POLICY STATEMENT

All clients to be notified that there will be out-of-pocket expenses prior to a billable consultation and /or procedure at the HWWC.

3. KEY DEFINITIONS

General Consultation	A consultation with a doctor: meeting with them to discuss a particular problem and get their advice.
Procedure	A clinical procedure such as IUD insertion or removal, Implanon insertion or removal.

4. PROCEDURE

Hedland Well Women's Centre (HWWC) staff will manage all client billing discussions to ensure consistency of message and to avoid client confusion:

- All foreseeable prices and out of pocket fees will be disclosed to the HWWC client at the time of booking;
- Late fee and no attendance fee charges will be disclosed at time of booking;
- Additionally, clients will receive an email outlining when the late fee and no-show charges will apply;
- Any outstanding fees will be required to be settled prior to making any further bookings;
- The billing policy will be available on the HWWC website.

The billing procedures will be as follows.

4.1 GENERAL RATES

- All non-Health Care Card holders and non-Medicare holders will be charged at general rates;

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- Students 16 years and over will be charged at the general rates (with a Medicare rebate available).

4.2 BULK BILLED

Health care or concession card holders, or persons identified to be experiencing financial hardship will be bulk billed for general consultations, separate to any procedures (see below). Late cancellation or no attendance fee applies to all clients and will be charged automatically to the credit card details on file. If no credit card is held on file this fee will be applied to the account and no further appointments will be booked until payment is received. No rebate or bulk billing is available for this fee. Valid concession card holders will be bulk billed consultation fee with no gap fee to be paid following an attended appointment.

4.3 LATE CANCELLATION FEE / NO ATTENDANCE FEE

If a client cancels their appointment late (less than 24 hours prior to their appointment) a late fee will be charged or placed on their account of \$25 for the billable appointment. This also applies for not attending the appointment with no or less than 24 hours' notice to the Centre.

All appointments are to be cancelled prior to 24 hours of the appointment to avoid late cancellation fee.

If a client does not attend an appointment and does not provide 24 hours' notice to cancel or change the appointment, the client will receive a no attendance fee on their account.

The fee will be charged automatically where the credit card details are held on file or applied to a clients account which must be settled prior to any additional appointments being provided.

A full list of prices will be available on request.

5. INCORRECT BULK BILLING

Bulk billing is when Medicare is billed directly for a patient's medical or allied health service. In a bulk billing arrangement:

- Provider accepts the Medicare benefit as full payment for the service, and
- Patient assigns their right to a Medicare benefit to provider, so benefit can be paid to the GP.

Under the [Health Insurance Act 1973](#) the provider (the GP) is legally responsible for services billed to Medicare under their Medicare provider number or in their name.

The provider is responsible for incorrect claims regardless of who does the billing or receives the benefit and will be responsible for the repayment of the full amount of the incorrect Medicare benefit that was paid. In a situation such as ours where the provider does not keep the benefit then the service provider is responsible for the repayment.

6. PROCESS FOR INCORRECT BULK BILLING

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Inform management of any incorrect bulk billing. Management to follow up with the provider in relation to below steps.

Contact the [Medicare provider enquiries](#) to delete a claim you lodge on that day.

You can change an item number or other details on a processed claim that's under two years old. To do this you need to submit a manual request for adjustment (fax number below) and provide the following details on the provider letterhead. To be completed by provider directly.

- Provider's number and address of service;
- Details of patient incorrectly billed: name, Medicare number, DOB, date of service, item number lodged and amount;
- Signature of Provider
- Fax to (02) 98953437.

Once this has been done the claim for the correct client can be forwarded to Medicare.

7. RESPONSIBILITIES

Management

- Ensure the policy is communicated to all staff and the process and cost are reviewed periodically;
- Ensure staff training is undertaken if required.

Centre Staff

- Manage all client billing;
- Ensure consistency in messaging to clients;
- Feedback to manager any concerns or complaints from clients.

8. RELATED DOCUMENTS

Policy for Correct Client Identification

HWWC Clinic Operating Manual

Schedule of fees

9. REFERENCES

Australian Government, Health Insurance Act 1973

10. DOCUMENT CONTROL

Policy number	FPOL-000	Version	1.0
Effective from	23/09/2024	Approved by Board on	23/09/2024
Responsible person	CEO/Board	Scheduled review date	01/02/2026