

Methods of Payment

1. Via a credit card by phone or internet
2. In person at your local Post Office,
by eftpos, credit card or cash payment
3. Via Post
4. Via Bpay

For further details on these payment options please refer to the back of your invoice

Medicare Safety Net

Remember that if you were not in hospital, out-of-pocket pathology expenses add towards your safety net threshold. Once you reach a safety net threshold having tests may end up costing you less.

All families and couples need to register. Individuals are automatically registered.

For more information on this go to the Medicare Australia website – www.medicareaustralia.gov.au, or phone Medicare on 132 011

My Pathology Test

What will it cost ?

A billing guide for outpatients

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My pathology test

- What will it cost ?

Australia enjoys an excellent health service. The government uses our taxes to provide the essential infrastructure such as hospitals, doctor training and ambulance services. Through Medicare, it subsidises the cost of the actual services when you use them. In this way, you, the patient, only have to pay a small contribution to the cost of your health care. This is the gap between the fees charged by the Healthcare providers (eg Doctors and Pharmacists) for their services and products, and the government subsidy (Medicare rebate & Pharmaceutical Benefits Scheme).

Billing Policy

Western Diagnostic Pathology is a private pathology practice and, as such, it is our policy to charge private fees, with Medicare reimbursing a percentage of this.

- *Bulk billing is standard for Pensioners, Health Care Cardholders, Veterans with Gold Cards and residents of Nursing Homes for those tests covered by Medicare.*
- **There are a number of tests that are more complex to perform and interpret.** *These special tests may require stringent sample collection procedures, large databases of comparative data collected over years to allow better interpretation or specialist pathologist interpretation and reporting. These specific tests are not eligible for billing at the Medicare rebate rate and will attract their own out-of-pocket expense for all patients except Pensioners, Health Care Cardholders, Veterans with Gold Cards and residents of Nursing Homes.*
- *A small number of pathology tests are not covered by Medicare. For these, you will be charged a private fee and Medicare will not reimburse any portion of this fee.*

- *In certain circumstances Medicare does not pay any benefits for some pathology tests. This usually relates to tests that have special clinical or frequency requirements attached to them, or investigations undertaken for employment, study, insurance or epidemiological purposes. In these circumstances all patients will receive an account and will be expected to pay the full amount. For more details see our "Medicare does not pay benefits for some pathology tests" brochure.*
- *Western Diagnostic Pathology makes every effort to make our billing policy available to referring Doctors and patients through our Collection Centres and on our Web Site. Accounts will be generated in accordance with this billing policy. Settlement is required within 30 days.*

Special Tests: Not eligible for billing at the Medicare rebate rate.

Test	Out of pocket charge
Triple Test	\$ 30
First Trimester Screen	\$ 35
Chromosome Karyotype (blood)	\$ 35
Helicobacter Breath Test	\$ 35
Salivary Cortisol	\$ 35 (no Medicare rebate)
Haemochromatosis gene test	\$ 45
Fasting Metabolic Bone Studies	\$ 45
ThinPrep Test	\$ 48 (no Medicare rebate)
B-type Natriuretic Peptide (BNP)	\$ 48 (no Medicare rebate)
Blood Group	\$ 62.15 (when no Medicare rebate)
HPV Digene Test	\$ 64 (if you do not qualify for a Medicare rebate)
Fine Needle Aspiration	\$ 95
Breast Biopsy	\$ 95
Thrombophilia Screen	\$ 95
Bleeding Tendency Screen	\$ 95
Procollagen III Test	\$ 95 (no Medicare rebate)
Mantoux Test	\$ 99
Quantiferon Gold	\$ 99
Amnio-Express QF-PCR	\$ 120 (no Medicare rebate)

There are a number of Services that Western Diagnostic Pathology offers in addition to and in association with the actual testing procedure. These services have a service fee associated with them and Medicare will not reimburse any portion of this fee.

Service	Out of pocket charge (no Medicare rebate)
WDP Pathologist managed Ovulation Tracking Service	\$ 100 per cycle
Autologous Blood Collection	\$ 90 per bag
Location Specific Collection Fee	\$ 20 (charged at selected identified sites)
Account fee	\$ 20 (minimum charge if an account is issued)

Maximum Out-of-Pocket Expense Discount

To assist you to minimise out-of-pocket expenses for pathology tests covered by Medicare; we limit the gap between our account & the Medicare rebate by providing gap protection to a limit of \$190. This will be the maximum out-of-pocket expense per referral episode, for those tests covered by Medicare. Tests or services not covered by Medicare or those sent on to other specialised reference laboratories will incur an additional charge.

Special Discount

In addition to gap protection, we commit to ensuring that certain patients do not have to pay any out-of-pocket expenses for tests covered by Medicare.

- *Pensioners and current Health Care Cardholders (card required at time of collection)*
- *Department of Veterans Affairs Gold Cardholders (card required at time of collection)*
- *Patients in Nursing Homes*
- *Specific patients identified with special circumstances*

If your pathology tests relate to a hospital stay or day procedure, please ask for our In-patient brochure, explaining our billing policy in relationship to Hospital Insurance Providers.