



Wellend Health

Fee Schedule

As at 30th January 2017

Medicare rebate information is applicable to Medicare eligible patients and is 85% of Medicare's scheduled fee. Your out-of-pocket expense is the "Gap Payment".

Payment and Medicare claims

We ask that your fees be paid in full on the day. **We are a cashless practice** and kindly ask that you please pay with either EFT, Visa or Mastercard. Unfortunately, we do not accept AMEX. To assist you with your rebate, we can submit your account electronically to Medicare. Medicare will pay the rebate into your bank account, usually within 48 hours.

Consultation Fees

A consultation fee is charged at each visit. The type of consultation fee is determined on which Doctor you see, length and criteria of consultation in accordance with Medicare guidelines.

Dr Tonia Mezzini Sexual Health Physician	ITEM	FEE	MEDICARE REBATE	GAP PAYMENT
Initial consultation (<i>complex 45 minutes</i>)	6057	\$350	\$224.35	\$125.65
Subsequent consultation (<i>complex</i>)	6058	\$200	\$112.30	\$87.70
Initial consultation (<i>45 minutes</i>)	6051	\$250	\$128.30	\$121.70
Review (<i>30 minutes</i>)	6052	\$150	\$64.20	\$85.80
Review (<i>15 minutes</i>)	6052	\$100	\$64.20	\$35.80

Please note - All fees are subject to change at any time without notice; however, Wellend Health will endeavor to notify its patients of any fee schedule changes in advance.



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Dr Tonia Mezzini's PROCEDURE COSTS Procedures charged in addition with one of the above consultation fees	ITEM	FEE	MEDICARE REBATE	GAP PAYMENT
Insert implanon	14206	\$50	\$35.60	\$14.40
Remove implanon	30062	\$80	\$51.65	\$28.35
Mirena insertion	35503	\$175	\$53.55	\$121.45
Skin biopsy	30071	\$100	\$52.20	\$47.80
Pregnancy test	73806	\$8.65	\$8.65	\$0

Financial Consent

I understand that the fees will be greater than the Medicare schedule. I acknowledge that I have been fully informed of all fees associated with my care and that these fees are subject to change at any time without notice. I hereby accept responsibility for payment of these fees and any costs incurred in the collection of them. I acknowledge that there may be necessary additional costs outside of Wellend Health and that these may vary according to the treatment provided.

Signature

Name

Date

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