

PAYMENT POLICY

Rotar Heart Health (RHH) takes pride in delivering a high standard of care in a well-equipped environment, supported by state-of-the-art technology and a highly professional and friendly team.

BULK BILLING

Most of our cardiac diagnostic services at Rotar Heart Health are bulk billed. Bulk billing is a system whereby the doctor accepts the Medicare benefit (typically 85–100% of the schedule fee) as full payment for the services provided. This means there is no out-of-pocket cost for eligible bulk billed services at RHH.

At RHH, we are committed to ensuring that high-quality healthcare is accessible to everyone. For this reason, we offer bulk billing on many of our cardiac diagnostic services for eligible patients when these services are performed at our clinic during standard operating hours. Please note that bulk billing is subject to Medicare eligibility criteria, which vary depending on the specific service.

Bulk billing applies to the following services at Rotar Heart Health:

- ECG Stress Test
- Echocardiogram
- Stress Echo
- 24-hour Holter Monitor
- Pacemaker Check
- 24-hour ambulatory blood pressure monitor (patients not on antihypertensive treatment)

It is a Medicare requirement that patients attending a specialist provide a valid referral in order to claim a medical rebate. Rotar Heart Health is unable to process a Medicare claim without a current referral on file.

- Referrals from a General Practitioner are generally valid for 12 months (unless otherwise specified).
- Referrals from another specialist are valid for 3 months only.

If you are unsure whether your referral is still valid, please contact our clinic and our team will be happy to assist you.

For patients who do not hold a valid Medicare card, all services are charged in accordance with standard Australian Medical Association (AMA) rates.

NON-MBS SERVICES

Some diagnostic services provided at Rotar Heart Health are not listed under the Medicare Benefits Schedule (MBS) and therefore cannot be bulk billed.

These services include:

- 24-hour Blood Pressure Monitor (patients on antihypertensive treatment): \$130 (Concession: \$100)
- ECG: \$61 (out-of-pocket fee: \$30)
- MyPatch (2–9 days, showerproof Holter monitor): \$220 (out-of-pocket fee: \$53.85)
- Cannulation fee: \$45
- Cardiology consultation (initial, including ECG): \$302 (out-of-pocket fee: \$126.05)
- Cardiology review: \$165 (out-of-pocket fee: \$89)
- Syncope clinic (initial evaluation and consultation): \$395 (out-of-pocket fee: \$112.90)
- Syncope clinic (review): \$222.50 (out-of-pocket fee: \$69.10)
- Set-up services associated with Pacemaker Remote Monitoring for new patients – private fee applies (please request the RHH Remote Pacemaker Service Price List)

In addition, RHH offers **Holter @ Home Services**. While the testing, analysis, and reporting are bulk billed, a travel fee of \$30 applies for home visits within a 10 km radius of either the Brighton or Frankston clinic. Blood pressure monitoring can also be conducted via home visit and will incur an additional \$30 travel fee (within a 10 km radius).

PENSION AND HEALTHCARE CARD HOLDERS

Reduced fees may be available for pensioners and healthcare card holders for selected services, including cardiology consultations and diagnostic tests.

PAYMENTS

For non-MBS services, payment is required prior to or at the time of service. RHH reserves the right to decline or defer services if payment is not made.

Payments can be made:

- Prior to your appointment via telephone or EFT bank transfer
- At the time of your appointment via cash or EFTPOS

Please note that EFTPOS payments incur a surcharge:

- 1.1% for standard cards
- 1.5% for AMEX

FAIL-TO-ATTEND APPOINTMENTS

We may request a credit card to be held on file to secure your appointment. A \$50 administration fee may be charged for appointments that are not attended or not cancelled or rescheduled at least 24 hours prior to the scheduled appointment time.

AGREEMENT

I confirm that I have read and understood this policy and agree to its terms and conditions.

Print Name: _____

Signature: _____

Date: _____

Clinic Representative Name: _____

Role: _____

Signature: _____

Date: _____