Billing case studies

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The following case studies outline possible ways for GPs to introduce mixed billing in their work. These are examples only and are intended to provide different options for GPs to consider. Billing is a personal choice and there are many factors that may influence how a GP bills, including patient demographics, practice location, and desired income. Whether GPs are in a position to privately bill some, or all patients will depend on these factors.

The RACGP's Billing Calculator is a practical tool designed to support GPs in achieving their financial goals. It is intended to demonstrate the mechanics of the fee-for-service model to help GPs and practices understand how billing decisions impact overall revenue and profitability.

Case study 1 – Bulk billing certain patients*

Dr Smith works 32 hours per week, with 28 hours of clinical time (consulting with patients) in an MMM2 area. He sees an average of 115 patients a week. Dr Smith has been bulk billing every patient and decides to only bulk bill health care card holders (20% of patients) and charge all other patients a fee of $95 per standard consultation (Level B attendance).

This change results in Dr Smith's billings increasing from $316.90 to $375.52 per clinical hour. This amounts to an additional $1,642.20 in billings per week and $78,825.60 per year. With an average of 40% of billings paid to the practice, Dr Smith earns $6,308.67 per week and $302,816.16 per year before tax.

*Scenario based on MBS item 23 (Level B attendance lasting less than 20 minutes), which has a rebate of $43.90, and the bulk billing incentive item 75871 which is $33.25 for MMM2. It is assumed the GP takes four weeks of annual leave per year.

Case study 2 – Bulk billing specific services*

Dr Le has been providing a mix of face-to-face and telehealth services since the start of the COVID-19 pandemic. She decides to adopt a mixed billing model to cover practice costs. Dr Le works in a practice in MMM4 area.

Dr Le works 38 hours per week. On average, 30.5 hours of this is clinical time and 7.5 hours is spent on non-clinical work (e.g. paperwork, following up on test results, arranging care for patients at home). She sees around four patients per hour – a total of 122 per week. Dr Le bulk bills all telehealth services (approximately 50% of her caseload) and privately bills face-to-face consultations (50% of services), charging an average fee of $98.

As a result of this change, Dr Le's weekly billings increase from $9,741.60 to $10,809.20. This is an extra $1067.60 per week. Her annual billings increase by $51,244.80 from $467,596.80 to $518,841.60. Dr Le receives 65% of her billings, resulting in earnings totalling $337,247.04 before tax.

*Scenario based on MBS items 23 (Level B attendance lasting less than 20 minutes), 91891 (Level B phone consultation) and 91800 (Level B video consultation), which all have rebates of $43.90, and the bulk billing incentive item 75873 which is $35.30 for MMM4. It is assumed the GP takes four weeks of annual leave per year.

Case study 3 – Intermittent charging*

Dr Jones is a practice owner in MMM6 who identifies that a certain number of his patients can afford to contribute to the costs of their healthcare (i.e. those who aren't on any form of social support). He decides to charge $100 for the first consultation with these patients per financial year and bulk bill all subsequent consultations. This means a gap of $56.10 for patients who are privately billed. This allows Dr Jones to accrue enough income to cover expenses, while continuing to provide access to affordable care for patients who cannot afford practice fees.

This means that Dr Jones' billings will increase as follows:

Scenario	Before	After
Patient who attends two consultations	$167.10	$183.55
Patient who attends five consultations	$417.75	$434.20
Patient who attends 10 consultations	$835.50	$851.95

This concept can work in various ways. After the initial privately billed consultation, subsequent billing is at the GP's discretion. For example, the GP may continue to privately bill patients who don't qualify for the MBS bulk billing incentive and revert to bulk billing for those who are eligible.

*Scenario based on MBS item 23 (Level B attendance lasting less than 20 minutes), which has a rebate of $43.90 and the bulk billing incentive for MMM6 which is $39.65