

Discussing fees with your patients

Updated 1 November 2025

Information for GPs and practices

Who is this document for?

This information sheet is intended to support general practitioners (GPs) and practice owners in discussing and educating their patients about the cost of general practice services and why it is necessary to charge a gap fee.

It is important to acknowledge that current funding structures do not adequately support the delivery of comprehensive, high-quality general practice care, particularly for patients requiring longer consultations.

Discussing billing, out-of-pocket expenses and the cost of healthcare with your patients

It is important to set fees that appropriately reflect the cost of the service that your practice and your health professionals are providing, including the time taken, practice costs, and your expertise. Patients need to know what fees you charge, whether there are any exceptions (i.e. concession cards, Workcover and transport claims, and DVA) and the methods of payment available to them.

Considerations for advising your patients about fees may include:

- letting patients know about fees when making new appointments (i.e. in the waiting room, on your website, via online booking platform, on hold messaging, or by a phone conversation or voice/text message)
- ensuring staff feel confident discussing fees with patients
- providing training to empower staff on how to handle challenging conversations, taking into consideration how your team will respond to a patient who is particularly upset about fees.

Practices may also wish to consider any further material that would support patients to understand how the Medicare Benefits Schedule (MBS) and other fees facilitate access to general practice care.

Tips for informing patients about fees

Whether in-person or via telehealth, by the time the patient has booked a consultation and is ready to attend their appointment, they should already be aware of the policy for payment and any requirements in place to pay on the day of the consultation if necessary. There will be rare cases where patients are unable or unwilling to pay on the day. If this does happen, consider how to educate patients so they remember next time. Some helpful tips may include:

- Allow sufficient time for patients to be advised (approx. 2–3 weeks prior to appointment where appropriate).
- Add a notice to the practice website (consider placement of payment policy on your homepage as part of transition process, and within a fees section).
- Have a notice in the waiting room and/or in your bathroom facilities.
- Send a mass SMS to patients via practice management software or appointment booking system. For example: *As of <date>, our practice will be moving to <policy>. Patients will be required to pay on the day, and we are able to process the Medicare rebate at the practice. You can also claim the rebate through the MyGov app, in person or over the phone with Medicare at your convenience.*
- Promote [Medicare Easyclaim](#) – the rebate goes in the patient's bank account on the same day as the consultation.
- Receptionists should remind patients about fees at the time of booking.
- Include a message about fees in SMS appointment reminders.

Why is there a gap fee?

Below are some points that can be used to assist in conversations with patients about why they are being charged a gap fee or why their fees have increased.

- Healthcare costs continue to rise due to the increasing costs of new technologies and medicines, and the wages of a skilled labour force.
- Revenue generated through fees is used to resource primary care teams and upgrade infrastructure. For example, it allows practices to pay for additional staff such as practice nurses and allied health professionals, and ensure they have the latest digital technology to support patient care and their business requirements.
- The costs of healthcare are not reflected in Medicare patient rebates (the amount the government pays to subsidise GP consultations).
- Unfortunately, due to inflation and a 10-year funding freeze, Medicare rebates no longer cover the full cost of providing this specialised care.
- Like everything, healthcare costs keep going up – new technologies, new medicines, the highly skilled practice staff we employ to take care of you, as well as overheads like electricity and rent/rates, all cost more these days.
- Because Medicare rebates no longer cover the cost of providing your care, our practice may need to charge you a gap fee (an extra cost) to keep our small business open.
- On 1 July 2025, minimum wage rose by 3.5% and the superannuation guarantee rate increased from 11.5% to 12%. At the same time, the rebate for a standard GP consultation increased by \$1.05. This does not cover the significant increase in costs that has occurred over the course of the rebate freeze and current cost-of-living crisis.
- The bulk billing incentive is a small top-up payment provided to doctors who bulk bill Medicare-eligible patients and does not cover the cost of care.
- Despite the tripling of the bulk billing incentive, the combined incentive and Medicare rebate remain insufficient to cover the cost of providing healthcare services.

Further information

[RACGP information sheet – Supporting sustainable billing practices in general practice](#)

[RACGP resources to help you manage your billing](#)

[Department of Health – Bulk billing incentive increase](#)

[Department of Health – Out of pocket costs](#)

[Australian Medical Association – Bulk billing incentive – the facts](#)

[Australian Medical Association guide: Informed Financial Consent – a collaboration between doctors and patients](#)