



IN SUMMARY

- GPs can refer people with a Chronic or Terminal Medical Condition for a Medicare Care Plan
- The Care Plan (or CDM, TCA or GPMP), can refer patients for up to 5 visits for Allied Health services per calendar year
- These visits may be referred for one service (Eg. 5 x Physiotherapy visits) or may be split between multiple services (Eg. 3 x Physiotherapist, 2 x Podiatrist)
- Referrals are valid for 12 months from the referral date
- Clients are only eligible for 5 visits per calendar year regardless of the services used, or the number of referrals written by the GP
- Any visits used over and above 5 (for any combination of services, not just physio) in a calendar year are required to be paid by the client
- You can use your physio visits at Core Physio with no gap for any of our services including hands on treatment and Pilates

QUESTIONS?

If you have any questions in relation to the Medicare consults, or services provided by Core Physiotherapy & Pilates Studio, please discuss this with our friendly Reception staff.

If you have any questions about your referral, or eligibility for a Medicare Care Plan, please contact your GP.

To enquire about how many Medicare visits you have used this calendar year, please contact Medicare on 132 011.



**HANDS ON THERAPY • MOBILISATION/MANIPULATION
MASSAGE • PILATES EXERCISE STUDIO • HYDROTHERAPY
FUNCTIONAL CAPACITY ASSESSMENTS
WORK AND SPORTS INJURIES REHABILITATION**

Aberfoyle Park

Suite 4,
The Hub Professional Centre
Christie Way, Aberfoyle Pk
SA 5159
p: 8358 6500

Adelaide CBD

Level 3, 55 Gawler Place
Adelaide SA 5000
p: 8211 8855

Beverley

Suite 2, 131-133 Grange Rd
Beverley SA 5009
p: 8346 3444

Burnside

Suite 10, 539 Greenhill Rd
Hazelwood Park SA 5066
p: 8331 8673

Christies Beach

50 Beach Road
Christies Beach SA 5165
p: 8186 2277

Hampstead Gardens

237 Hampstead Road
Northfield SA 5085
p: 7009 4422

Holden Hill

586 North East Rd
Holden Hill SA 5088
p: 8266 7333

Marion

153 Sturt Rd
Dover Gardens
SA 5048
p: 8377 1000

Melrose Park

166 Daws Road
Melrose Park SA 5039
p: 8277 6258

Morphett Vale

188 Main South Road
Morphett Vale
SA 5162
p: 8382 1180

Plympton

Suite 3, 267 Marion Rd
Marleston
SA 5033
p: 8297 7922



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MEDICARE CARE PLAN INFORMATION



The Australian Government has developed a Chronic Disease Management program, which aims to provide assistance through health services to people living with chronic or terminal medical conditions. The program is often referred to as:

Medicare Chronic Disease Management (CDM)
GP Management Plan (GPMP)
Team Care Arrangements (TCA's)
Enhanced Primary Care Program (EPC Program)

However, for simplicity, it is most often referred to as a "Care Plan".

WHO IS ELIGIBLE?

Your GP will determine your eligibility for the Program and develop a Care Plan for managing your condition.

WHAT DO I GET FROM THE PROGRAM?

The Care Plan allows GPs to refer you for a number of Allied Health Services, which are funded by Medicare. You may be referred for more than one service; however, it is only possible to claim for 5 visits in total per calendar year.

Allied Health Services you may be referred for include:

- Aboriginal health workers
- Audiologists
- Chiropractors
- Diabetes educators
- Dieticians
- Exercise physiologists
- Mental health workers
- Occupational therapists
- Osteopaths
- Physiotherapists
- Podiatrists
- Psychologists
- Speech pathologists



HOW DOES THE REFERRAL WORK?

Once the GP and the Practice Nurse write your Medicare Care Plan, the Referral will be signed and dated by the GP. This referral lasts for 12 months from the date on the referral. Eg. If the referral date was 1/7/14, the referral would be valid until 30/6/15.

Although the referral lasts 12 months from the referral date, you are only eligible for 5 visits per calendar year.

Eg.

- Your GP writes you a referral on 1/7/14
- You have 3 visits in 2014 and use the final 2 at the start of 2015
- Your GP then writes you another referral on 1/7/15 for another 5 visits
- ***You are only eligible to use 3 of these 5 visits between 1/7/15 and 31/12/15 as you have already used 2 Medicare visits in 2015 from the previous referral***



These are the rules set by Medicare and unable to be altered. Even if your GP writes a subsequent referral, you are still only eligible for 5 visits total of any combination of the above listed Allied Health Services per calendar year.

HOW MUCH DO THE CONSULTS COST?

At Core Physiotherapy & Pilates Studio, we bulk bill all of our Medicare Care Plan clients, which means that the consult is fully paid by Medicare and no gap is charged. However, there are some services that will incur additional fees such as:

Hydrotherapy

Pool Entry Fees are charged for each client and are not covered by Medicare. Entry fees are payable to the Core Physio branch running the hydro session.

Consumables used during treatment

Any consumables required during your physiotherapy treatment such as needles, tape or kinesio tape may be charged at an additional cost to the client.

Stock Items

Any stock items provided by the Physiotherapist to compliment your treatment, are at the cost of the client and will not be covered by Medicare.

Home Visits

You are able to use your Medicare visits for a home visit, however these services incur a higher fee and you will have to pay the difference between the Medicare rebate and this full fee.

HOW DO I CLAIM MY MEDICARE REBATE?

At Core Physiotherapy & Pilates Studio, we claim directly from our computer to Medicare. This allows us to receive payment for your services straight into our bank account, without the client having to do any paperwork.

In order for this to occur, we require that you provide us with the following information upon arrival at your first appointment:

- | | |
|-------------|---------------------------------------|
| • Full Name | • Current Address |
| • DOB | • Referral |
| • Gender | • Medicare Number, reference & expiry |

Failure to provide this information may result in your claim being rejected and then you will be responsible for paying the full fee of the consult.