

Fee Payment, failure to attend and late cancellation information

To get the most out of your treatment at headspace it's important to attend the sessions you have booked.

If you are unable to attend a session we ask that you please ring to notify us as soon as you know you will be unable to attend.

This allows:

- 1. You to immediately reschedule your appointment to a time that is next available.
- 2. Enables another young person to access our services from our waiting list.

It is also important to understand that the Mental Health Clinician you are seeing under a Mental Health Treatment Plan (MHTP) and Enhanced Mental Health Support in Schools (EMHSS) only gets paid when you attend the session. Therefore, the clinician does not get paid if you do not attend your scheduled appointment.

Fee Payment to see a Counsellor under a Mental Health Treatment Plan (MHTP) - will I be charged?

We aim to ensure that financial reasons are NEVER a barrier to someone receiving mental health support. However, we also want to ensure that our private clinicians are compensated adequately for the important work they do. For these reasons, we have a 3-tier system of fees depending on a person's financial situation.

- Full fee (FF): Medicare rebate plus \$ 45 gap fee. This option is for Young Person and/or family who is working Part Time or Full Time and able to pay the full fee.
- Low-cost fee (LCF): Medicare rebate plus \$20 gap fee. This option is for Young Person and/or family who is working but does not feel able for financial reasons to pay the full fee option.
- **Bulk-bill option**: only Medicare rebate. This option is predominantly for Young Person and family who are on Centrelink benefits and have Health Care card.

| Discipline | What you pay at time of appt if Full- fee (FF) | What you pay at time of appt if Low-cost fee (LCF) | How much Medicare rebate will be returned to you within 48hrs | What you will be out of pocket i.e. Gap fee |
|--------------------------|------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------|
| Clinical psychologist | \$190.25 | \$165.25 | \$145.25 | FF: \$45 LCF: \$20 |
| Psychologist | \$143.95 | \$118.95 | \$98.95 | FF - \$39.00 |
| Occupational therapist | \$132.25 | \$107.25 | \$87.25 | |
| MH social worker | \$132.25 | \$107.25 | \$87.25 | |

This table shows exactly how much you would be paying at time of appointment and how much your rebate will be based on the discipline of your therapist.

If you are either full-fee or low-cost option it is ideal if you make payment for your session at the time of the appointment. The Medicare rebate amount will be transferred from Medicare to your nominated bank account within two business days.

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Failure to Attend (FTA) & Late Cancellation

Cancelling and rescheduling is of course okay, however, you must give at least 24 hours' notice, otherwise it will be recorded as a failure to attend. If you do not attend your scheduled appointment and you do not give us more than 24 hours' notice **prior to the session** you may be charged a **cancellation fee** for the session.

- Full fee: \$45 cancellation fee
- Low-cost fee: \$20 cancellation fee.
- Bulk-bill option: \$20cancellation fee
- Psychiatrist: \$80 cancellation fee.

If you fail to attend or cancel with less than 24 hours' notice regularly then your suitability to continue attending may be reviewed with your therapist. If you find it difficult to attend regularly, you could be offered a different therapy option such as Session-by-Session appointment which allows you to 'dip-in and dip-out' as you need.

We understand that from time to time illness or an emergency may occur where last minute cancellation is unavoidable. This will be discussed in the next session with your counsellor.

Please sign below to confirm you have read and understand the fee guide. If you have any questions, please feel free to chat to reception or call headspace

Name: _____ Date: _____ Signature: _____ Date: _____

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