

**Q. Can I get a Medicare Rebate for Chiropractic?**

You can now qualify to receive a Medicare rebate for Chiropractic. It is possible for people with chronic conditions and complex care needs to receive a Medicare rebate for up to five (5) Chiropractic visits per calendar year. That is a saving of up to \$350 if you are a new patient at our clinic.

**Q. Who is eligible?**

To be eligible for a Medicare rebate, you need to be placed on an Enhanced Primary Care (EPC) plan by your GP, that specifically refers you to a Chiropractor at Brunswick Health.

**Q. How do I get placed on an EPC plan?**

If you have been suffering or will suffer from a condition for longer than 6 months or have numerous health issues then you qualify for the EPC program.

Visit your GP and ask them to prepare an EPC plan which means they must lodge **721 & 723 Medicare forms** with Medicare.

We will also require a copy of these 2 forms. The process takes approximately 2 weeks from the date your GP lodges the forms with Medicare.

**Q. Can I use my private health insurance cover in conjunction with EPC?**

You need to decide if you are going to use your Medicare rebate or your private health insurance as you can not claim from both for the same consultation. Once you have claimed all your Medicare rebates you can then claim any further consultations through your private health insurance.

**Q. What is meant by chronic conditions and complex care needs?**

Chronic conditions are defined as conditions which have been, or are likely to be, present for six (6) months or more. Complex care needs means that, in your GP's opinion, you would benefit from care provided by a range of health professionals, who provide different services.

**Q. Once I'm on an EPC plan, how do I get my Medicare rebate?**

We are able to bulk bill at Brunswick Health providing:

- Your GP fills & submits both **721 & 723 Medicare forms** correctly
- These forms must say how **many Chiropractic visits** you can have
- You **have not already claimed your EPC** allowance elsewhere
- Our office has **confirmed your eligibility** with Medicare

**Q What if I need treatment before my EPC is approved?**

Any appointments prior to EPC confirmation must be paid in full on the day of service. You can then claim the visits at a Medicare outlet as we are unable to bulk bill until our office confirms that your EPC is approved.

**Q What if I need treatment before I see my GP in regards to an EPC Plan?**

Unfortunately Medicare will not pay for any visits PRIOR the date the EPC plan was started. This means you must see your GP FIRST before you see us. You can still come in for treatment but you will have to pay on the day and claim via your private health insurance if you have Chiropractic cover.

**Q What if Medicare does not pay for my visits?**

**You are responsible to pay for any consultations that Medicare refuses to pay for whatever reason.** We offer **bulk billing as a service** but we can **not be held responsible** for what your GP or Medicare do or not do. It is a matter that you need to resolve with these 2 parties, not with us.

**Q. I have already used my 5 EPC entitlements this year can I have more?**

Currently you are only eligible for a maximum of 5 EPC visits each calendar year hence you will need to wait until January the following year to reapply for a further 5 EPC visits. Make sure your GP applies for the full 5 visits otherwise you may only be eligible for less (depending on what your GP submits to Medicare). You can still continue treatment at our clinic however you will need to pay for your visits on the day of service. **If you don't use your 5 visits each year you will forfeit them.**

**Q. I'm not sure if I have used my EPC entitlements this year?**

If you have seen any other Health Practitioners **other than your GP or Medical Specialist** and have been asked to sign a Medicare payment voucher or used your Medicare Card for any reimbursements at a Medicare outlet, then chances are you have used part or all of your EPC entitlements.

You can call **Medicare on 132 150** to check how many visits you are entitled to receive each year. **It is your responsibility not to exceed your EPC visits** if you do not wish to pay any bills at our clinic. If for any reason your EPC is rejected or you have unknowingly exceeded your approved visits (remember it's a maximum of 5), you will be responsible to pay any visits Medicare refuses to reimburse to Brunswick Health.

**Q. Am I always entitled to 5 EPC visits?**

Only if your GP says so!. So if you want the 5 visits make sure you mention this to your GP to request the maximum 5 visits in the EPC forms.

**Q. Does EPC cover for any X-Rays?**

No, but the majority of X-rays requested by our Chiropractors are bulked billed at local radiological centers. This excludes CT Scan & MRI.

**Q. Do you bulk bill for Department of Veteran Affairs (DVA) claims?**

Yes providing your claim is approved for Chiropractic services.

If you think you could benefit from Chiropractic care  
then ask your GP to refer you to a  
Chiropractor at Brunswick Health.