

DVA GOLD CARD AND WHITE CARD (SPECIFIC CONDITION) / UNDER 16 ARE BULK BILLED AT ALL TIMES

ITEM	CONCESSION/PENSION			PRIVATE	
	MONDAY-FRIDAY				
	Fee	Gap	Rebate	Fee	Gap
<u>3 SHORT</u>	36.45	17.50	18.95	41.45	22.50
23 STANDARD	63.10	21.70	41.40	73.10	31.70
36 LONG	101.80	21.70	80.10	120.50	40.40
44 PROLONGED	139.70	21.70	118.00	158.40	40.40
91890 TELEHEALTH SHORT	36.35	17.50	18.95	41.45	22.50
91891 TELEHEALTH STANDARD	63.10	21.70	41.40	73.10	31.70
CERVICAL SCREENING	63.10	21.70	41.40	73.10	31.70
ALL OTHER NURSE VISITS	BULK BILLED				
BEFORE 1PM SATURDAY					
	Fee	Gap	Rebate	Fee	Gap
3 SHORT	36.45	17.50	18.95	51.45	32.50
23 STANDARD	63.10	21.70	41.40	83.10	41.70
36 LONG	101.80	21.70	80.10	130.50	50.40
44 PROLONGED	139.70	21.70	118.00	168.40	50.40
91890 TELEHEALTH SHORT	36.45	17.50	18.95	51.45	32.50
91891 TELEHEALTH STANDARD	63.10	21.70	41.40	83.10	41.70
CERVICAL SCREENING	63.10	21.70	41.40	83.10	41.70
ALL OTHER NURSE VISITS	BILLED AS ABOVE				

AFTER 1PM SATURDAY AND ALL DAY SUNDAY

	Fee	Gap	Rebate	Fee	Gap
5000 SHORT	49.40	17.50	31.90	64.40	32.50
5020 STANDARD	75.60	21.70	53.90	95.60	41.70
5040 LONG	114.15	21.70	92.45	142.85	50.40
5060 PROLONGED	151.35	21.70	129.65	180.05	50.40
91890 TELEHEALTH SHORT	36.45	17.50	18.95	51.45	32.50
91891 TELEHEALTH STANDARD	63.10	21.70	41.40	83.10	41.70
CERVICAL SCREENING	75.60	21.70	53.90	95.60	41.70
ALL OTHER NURSE VISITS					

BILLED AS ABOVE

NON ATTENDANCE \$30.00 FEE (REFER TO WEBSITE FOR FURTHER INFORMATION)

SCRIPT / REFERRAL ONLY FEE \$20.00 (REFER TO WEBSITE FOR FURTHER INFORMATION)