Payment Policy

ABERIUS PSYCHOLOGY

Document version	1.0
Effective date	2 November 2026
Next scheduled review	November 2027

Payment at a glance

Item	Policy position
Preferred payment	PayID (other arrangements available)
Standard private session	$180 unless another price is agreed
Approved Medicare telehealth concession	$20 out-of-pocket after the Medicare rebate; not a $20 total fee
Usual payment time	On the day of service
Medicare/private health	Claim one eligible funding pathway per consultation

1. Purpose and scope

This policy explains how Aberius Psychology communicates fees, accepts payments, processes invoices and rebates, and manages outstanding accounts. It applies to privately funded appointments, Medicare-rebated services, telehealth, and services funded by an approved third party.

The policy is intended to support transparent, accessible and respectful billing practices. It should be read alongside the current Schedule of Fees, Cancellation Policy, Privacy Policy, Informed Consent Form and any relevant funding or service agreement.

2. Fees and informed financial consent

Clients will be informed of the applicable fee, anticipated Medicare or other funding arrangements, likely out-of-pocket cost, and relevant payment conditions before commencing a service or agreeing to an additional billable activity.

The standard privately billed psychology consultation fee is $180 per session, unless an alternative fee has been expressly agreed or an applicable funding arrangement sets a different price. A Medicare referral does not, by itself, mean an appointment is bulk billed or free of charge.

Where a service is not eligible for a Medicare rebate and is not covered by another approved funding arrangement, the standard private fee remains $180, including for telehealth, unless a different fee is agreed in advance.

Fees for reports, letters, meetings, travel, assessments or other non-standard services, where offered, will be quoted and agreed before the work proceeds. Formal psychological assessments are not currently offered. Applicable GST treatment will be reflected correctly on invoices; eligible psychological treatment services are generally GST-free.

3. Preferred method of payment: PayID

PayID is the preferred payment method for client-funded appointments. It is generally straightforward for clients to use through participating banking applications and avoids the need to handle cash or exchange full bank account details.

The practice will provide its verified PayID details on an invoice or through an established practice communication channel. Clients should check the recipient name displayed by their bank before confirming a transfer. Payment references should use an invoice number or another neutral identifier rather than sensitive health information.

Clients will not be required to use PayID if it is unavailable, inaccessible or unsuitable. A PayID payment is considered received when the funds are confirmed in the practice account; a screenshot or payment notification may help reconcile a transfer but does not guarantee that funds have cleared.

PayID does not require a recipient to pay a fee, upgrade an account or transfer money to receive funds. Unexpected requests to change payment details should be verified directly with Aberius Psychology using a previously established contact method.

4. Alternative payment methods

Alternative arrangements may include ordinary bank transfer, cash by prior arrangement, or debit/credit card payment where an appropriate payment facility is available. Available methods will be communicated before payment is due, and reasonable accessibility needs will be considered.

No additional surcharge will be imposed for payments using Visa, Mastercard, American Express or eftpos debit, credit or prepaid cards. A particular payment facility cannot be guaranteed at every hired room, home visit or telehealth appointment.

The practice does not generally accept cheques or buy-now-pay-later arrangements. A client experiencing difficulty with the available methods should contact the practice before the appointment to agree on a practical alternative.

5. When payment is due

For privately billed sessions, payment is normally due on the day of the appointment, at its conclusion, unless otherwise arranged in advance. For telehealth, payment instructions may be sent before the appointment, with payment due on the day of service.

A receipt or appropriately itemised paid invoice will be provided after payment is verified. An unpaid invoice will show the amount outstanding. Receipts and invoices will be issued through a suitable confidential communication channel.

Part-payments or a short payment plan may be accepted by prior agreement. The practice will record the amount paid and balance owing accurately, and Medicare claiming will be handled according to the actual payment status.

6. Medicare rebates and private health insurance

For Medicare-rebated services, eligibility depends on a valid referral where required, the applicable item and referral pathway, Medicare rules, session limits, telehealth requirements and the treating practitioner’s eligibility. Rebates are determined by Services Australia and can change.

Unless the practice has explicitly agreed to bulk bill or use another lawful billing arrangement, the client pays the agreed consultation fee and claims the relevant Medicare rebate. The rebate is ordinarily paid by Medicare to the client’s nominated account, not automatically deducted from the upfront fee.

Where supported, the practice may assist with electronic claiming after payment. Otherwise, the client may use the itemised invoice and proof of payment to lodge a claim. If a claim is declined, the practice will correct its own invoicing or claiming error; any remaining private fee liability will be discussed fairly and according to the agreed arrangements.

Clients may elect to use eligible private health insurance extras benefits instead of Medicare for a particular psychology service, subject to their insurer's requirements. A Medicare benefit and private health extras benefit cannot both be claimed for the same consultation, and private health extras cannot be used simply to top up the Medicare gap.

If a service is bulk billed, the Medicare benefit is accepted as full payment for that service and the client will not be charged an additional gap.

7. Reduced-fee Medicare telehealth and financial hardship

Clients experiencing low income or financial hardship may request consideration of a reduced-fee telehealth appointment, particularly where the appointment can be delivered without the expense of a hired consultation room. Approval depends on clinical suitability, available capacity and Medicare eligibility, and is not automatic.

For an approved Medicare-rebated telehealth concession, the intended out-of-pocket cost is $20 after the applicable Medicare rebate. The invoiced session fee is therefore the relevant Medicare benefit plus $20. The client ordinarily pays that agreed invoiced fee and then receives the Medicare rebate, leaving a net cost of $20.

The $20 amount is not the total consultation fee and does not apply when no Medicare benefit is payable. Where no Medicare rebate or other approved funding is available, the standard $180 private fee applies unless a separate reduced-fee arrangement is agreed in advance.

Clients who cannot pay the full invoice upfront may ask about an individual payment arrangement before their appointment. Requests for hardship consideration will be treated discreetly and without judgement.

8. Third-party funded services

Some services may be paid in full or in part by another organisation. Depending on contractual and eligibility requirements, these may include NDIS self-managed or plan-managed supports, Department of Veterans' Affairs (DVA), WorkCover Queensland, Queensland Police Service SelfRefer, employee assistance programs (EAP), ADF-related provider arrangements, Open Arms, North Queensland Primary Health Network (NQPHN) funded pathways, and other authorised programs.

Before treatment, the practice will seek to confirm the referral, approval, service limits, fee arrangements and correct payer. If the relevant program fully covers an authorised service, no additional client contribution will ordinarily be payable. Any permitted client contribution must be communicated and agreed before the service; an unexpected funding refusal will not automatically be passed to the client as a private invoice.

For NDIS supports, an agreed service rate, invoice recipient and cancellation arrangements will be recorded where required. Plan-managed services must comply with applicable NDIS pricing limits and claiming rules. Self-managed fees are agreed in accordance with applicable rules. NDIS participants will not be charged unauthorised additional gap fees for funded supports. NDIA-managed arrangements will only be accepted where the practice is permitted and able to provide and claim that support.

Where a service is not approved, exceeds a funding limit, or falls outside a contract, the practice will explain the available options before proceeding. A service must not be claimed from two funding sources where such duplicate payment is not permitted.

9. Missed appointments, cancellations and rescheduling

Any charges arising from late cancellation, non-attendance or rescheduling are governed by the separate Cancellation Policy and any applicable funding agreement. Relevant charges and exceptions will be disclosed in advance.

A cancellation fee is not represented as a Medicare-rebatable psychological treatment service. Third-party and NDIS cancellation claims will only be made when allowed by the applicable rules or service agreement.

10. Outstanding invoices and payment difficulties

Clients with an unpaid account are encouraged to contact the practice promptly. Payment concerns will be approached with discretion, and reasonable efforts will be made to arrange an achievable resolution.

Where an invoice remains unpaid, the practice may issue a polite reminder after approximately 7 days and a further reminder after approximately 14 days, followed by direct contact when appropriate. These timeframes are administrative guides rather than automatic penalties.

If an amount remains substantially overdue, the practice may require settlement or an agreed payment arrangement before accepting further non-urgent appointments. Any decision will consider clinical risk, continuity of care and reasonable transition arrangements. External debt recovery or legal action would be considered only as a last resort and in accordance with applicable law and confidentiality obligations.

No automatic late-payment interest or debt-collection administration fee is imposed under this policy. Any future change to fees or payment conditions will be communicated before it applies.

11. Refunds, overpayments and payment disputes

Overpayments, duplicate payments and amounts charged in error will be investigated and refunded or corrected as appropriate. Refunds will ordinarily be returned to the original payment method or to a verified bank account, and any Medicare or other payer adjustment will be handled consistently with the applicable rules.

Disputes about a fee should be raised with the practice as soon as practicable. The practice will review the invoice, agreed fee and supporting records, explain the outcome, and correct any substantiated error. Nothing in this policy limits rights under the Australian Consumer Law or other applicable legislation.

12. Confidentiality, records and contact

Billing information, receipts, third-party claims and payment records will be handled in accordance with the Privacy Policy, relevant health-record obligations and accounting requirements. Bank transfer references and routine payment reminders should contain only the minimum information reasonably necessary to identify an invoice.

Questions about fees, payment methods, financial hardship, invoices or refunds may be directed to info@aberiuspsychology.com. Clients should verify any unexpected changes to payment instructions before transferring funds.

This policy will be reviewed at least annually, or earlier if Medicare, NDIS, consumer payment rules, contracts or practice arrangements materially change.