

ALEXANDRA DISTRICT HEALTH PRIMARY HEALTH FEES

FEES FOR INCOME LEVELS: COMMUNITY HEALTH & DISTRICT NURSING

Minimum charge per consult. Appointments greater than 1 hour may be subject to an additional fee.

If you are unable to pay the set co-payment fee for the service you have been referred to please contact the Primary Health Manager on 03 5772 0900.



Service Type	Policy	Fee Payable (per hour)		
		Low	Medium	High (Full Cost Recovery)
Financially dependant children	Parents of financially dependent children may be charged if they are not low income. Medium and High-Income fees may apply.	Nil	\$17.50	\$125.00
Health promotion and group activities	Agencies may charge a fee for group activities	\$8.85	\$8.85	\$8.85
Community Health Nursing	Chargeable services	\$11.55	\$17.50	\$125.00
Counselling/Casework Consultations • Counselling • Psychologist • Social Worker	No charge for low and medium income clients	Nil	Nil	\$125.00
Allied Health Consultations (Adults) • Physiotherapist • Dietician • Occupational Therapist • Speech Pathologist	Chargeable services (*financially dependent children aged less than 18 years old will not be charged a fee)	\$11.55*	\$17.50	\$125.00
Initial Needs Identification		Nil	Nil	Nil
Other services and items (such as report writing, court attendance, information material, secondary consultations)	Where appropriate such service fees may be charged even when associated with a service which does not attract a fee (e.g. counselling provided to a low-income person). Fees should be levied in a manner consistent with the exemptions and capping provisions included in this policy.			
District Nursing (per visit)	Chargeable service plus consumables/dressing costs	\$4.40	\$38.85	\$125.00

INCOME SELF-DECLARATION FORM

Please indicate your income level before tax by ticking the correct box.



	Income Level	Income Range	Tick below
Pension	Low		
Health Care Card	Low		
Single	Low	Less than \$39,089	
	Medium	\$39,089 to \$86,208	
	High	More than \$86,208	
Couple	Low	Less than \$59,802	
	Medium	\$59,802 to \$115,542	
	High	More than \$115,542	
Family (with one child)	Low	Less than \$66,009	
		(plus \$6,206 for each additional child)	
	Medium	\$66,009 to \$118,546	
		(plus \$6,206 for each additional child)	
High	More than \$118,546		
	(plus \$6,206 for each child)		

COMMUNITY HEALTH CO-PAYMENT / FEES POLICY

From 1st July 1998, the Department of Health has directed that all service providers must collect co-payment fees for services they provide to community members. Our fees policy also aligns with the National Commonwealth Home Support Programme Client Contribution Framework (2025).

Where clients have a high utilisation of one service, or who use a range of services, a fee cap may be agreed upon.

No person will be denied access to a service because of an inability to pay or contribute to service fees.

No co-payment fees charged for:

- Financially dependent children under 18 years of age from low income families
- Counselling/casework for people of low and medium incomes
- Interpreting services
- Intake/Initial needs assessments

Review of co-payment fees can be initiated at any time by the client or the service provider during the course of your treatment.

The list attached shows you the co-payment fee you will be charged for the service at Alexandra District Health (ADH) based on your household income level if there are no additional costs experienced due to a disability and/or other factors.

A failed to attend charge may be applicable if 24 hours notice is not made for any appointment that is unable to be attended or for late arrival 15 mins after scheduled appointment time. The list attached shows you the co payment fee you will be charged for the service at ADH based on your household income level.

Payments will be invoiced monthly direct to clients.

Payments can be made at Reception on the day or will be invoiced monthly direct to clients via email, or post upon request.

If you are unable to pay the set co payment fee for the service you have been referred to at ADH please contact the Primary Health Manager on 03 5772 0900.

Your Signature: _____

Date: _____