



Australian Government
Department of Health and Aged Care

More bulk billing

Strengthening Medicare with more bulk billing

Boosting Medicare payments

The table on the next page shows how total Medicare payments for common visits will increase from 1 November 2025, with the expansion of the bulk billing incentive to all Australians and the incentive payment for practices that bulk bill every patient.

The bulk billing incentive is scaled according to how far a general practice is from a major city or metropolitan area, with larger Medicare payments as communities get more remote. The Modified Monash (MM) Model has been used which defines whether a location is metropolitan, rural, remote or very remote.

Higher Medicare payments at bulk billing practices

Common GP visits	Current Medicare rebate	New total Medicare payment at a Bulk Billing Practice*				
		Cities & metro areas	Regional centre	Large & medium rural towns	Small rural town	Remote
Standard consultation 6 to <20 minutes (Level B)	\$42.85	\$69.56 (up 62%)	\$80.71 (up 88%)	\$82.71 (up 93%)	\$84.86 (up 98%)	\$86.91 (up 103%)
Long consultation 20 to <40 minutes (Level C)	\$82.90	\$114.61 (up 38%)	\$125.76 (up 52%)	\$127.76 (up 54%)	\$129.91 (up 57%)	\$131.96 (up 59%)
Longer consultation 40 to <60 minutes (Level D)	\$122.15	\$158.77 (up 30%)	\$169.92 (up 39%)	\$171.92 (up 41%)	\$174.07 (up 43%)	\$176.12 (up 44%)
Mental Health Plan 20 to <40 minutes	\$81.70	\$99.06 (up 21%)	\$102.71 (up 26%)	\$103.36 (up 27%)	\$104.11 (up 27%)	\$104.76 (up 28%)
Mental Health Plan 40+ minutes	\$120.25	\$142.43 (up 18%)	\$146.08 (up 22%)	\$146.73 (up 22%)	\$147.48 (up 23%)	\$148.13 (up 23%)

* Totals include item Medicare rebate, Bulk Billing Incentive item rebate, and 12.5% Bulk Billing Practice Incentive Program payment.

Higher Medicare payments at bulk billing practices

	Example locations				
	Cities & metro areas	Regional centre	Large & medium rural towns	Small rural town	Remote
NSW	Newcastle	Kiama	Nowra	Mullumbimby	Bourke *
Vic	Melbourne	Ballarat	Shepparton	Kyneton	Mallacoota
Qld	Brisbane	Cairns	Gladstone	Port Douglas	Cooktown
WA	Perth	Bunbury	Northam	York	Broome
SA	Adelaide	Hahndorf	Whyalla	Renmark	Port Lincoln
Tas	N/A	Hobart	Devonport	Smithton	Strahan
NT	N/A	Darwin	N/A	Daly	Alice Springs
ACT	Canberra	Tharwa	N/A		

* Bourke is classed as very remote and attracts an additional \$2.40 on every bulk billed service

Strengthening Medicare with more bulk billing

Patient case studies

Estimating the patient benefit

- In 2023-24, less than half of Australians were always bulk billed when they saw a GP, and one in four Australians had most of their GP visits bulk billed (50-100%).
- Rates of bulk billing are not uniform across the country. For example, in western and south western Sydney, over 90 per cent of GP visits are bulk billed, whereas in Canberra patients pay an out of pocket cost for just over 50 per cent of their GP services.
- Rates of bulk billing also vary according to location, patient cohort, or even the type of GP service delivered. For example:
 - A standard GP consultation (under 20 minutes) is bulk billed 74 per cent of the time.
 - A chronic condition management consultation is bulk billed 99 per cent of the time.
- This document presents the estimated patient benefit, in dollar terms, if a patient's GP practice shifts to full bulk billing because of the Australian Government's historic investment to expand bulk billing incentives to all Australians and create an additional new incentive payment for practices that bulk bill every patient.
- This document uses Medicare data to present an estimate of the out of pocket costs for a range of patients and family groups.
- Each patient has been modelled on a typical rate of GP service usage for their age and patient type. Out of pocket costs have been modelled on the average rate of bulk billing and median patient out of pocket costs paid for each of the GP services that each patient uses.
- While this presents a representative picture of the out of pocket costs across a typical patient cohort, it is unlikely to correspond to a single patient's experience.



GP VISITS THIS YEAR: 17

Father – 2 x Standard GP Consult (Level B)
Father – 1 x GP Management Plan
Father – 1 x Team Care Arrangement

Mother – 5 x Standard GP Consult (Level B)
Mother – 1 x Long GP Consult (Level C)

Sister – 4 x Standard GP Consult (Level B)

Brother – 2 x Standard GP Consult (Level B)
Brother – 1 x Standard GP Telephone Consult (Level B)

Older family

This older family has been modelled on a typical GP service usage for a family of four with two parents in their 50s, and two young adult children in their late teens or early 20s.

One parent has a chronic condition and needs regular, ongoing care from their GP. The young adult children are otherwise healthy, and only see their GP a few times a year, when they come down with an illness or injury.

Older families with this typical rate of GP service usage may have out-of-pocket costs of between **\$264 and \$651 a year**, depending on where they live.

If their practice shifts to full bulk billing with the support of the **Bulk Billing Practice Incentive Program** and **bulk billing incentive for all Australians**, then the out of pocket cost for this older family will be **\$0** - all of their GP visits will be free.

Yearly out-of-pocket costs

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT
City & Metro Practice	\$264	\$374	\$365	\$362	\$345			\$639
Regional, Rural & Remote Practice	\$389	\$366	\$385	\$401	\$431	\$651	\$344	
Fully Bulk Billing Practice	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0



GP VISITS THIS YEAR: 18

Father – 3 x Standard GP Consult (Level B)
Mother – 5 x Standard GP Consult (Level B)
Mother – 1 x Standard GP Telephone Consult (Level B)
Toddler – 4 x Standard GP Consult (Level B)
Pre-schooler – 4 x Standard GP Consult (Level B)
Pre-schooler – 1 x Long GP Consult (Level C)

Younger family

This younger family has been modelled on a typical GP service usage for a family of four with two parents in 30s, and two children under five years old.

The children see their family GP for minor illnesses and vaccinations. The parents are generally healthy, and only see their GP a few times a year for injury or illness, which has increased this year with one of their children starting pre-school and bringing home more viruses and colds.

Younger families with this typical rate of GP service usage may have out-of-pocket costs of between **\$154 and \$444 a year**, depending on where they live.

If their practice shifts to full bulk billing with the support of the **Bulk Billing Practice Incentive Program** and **bulk billing incentive for all Australians**, then the out of pocket cost for this younger family will be **\$0** - all of their GP visits will be free.

Yearly out-of-pocket costs

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT
City & Metro Practice	\$215	\$209	\$296	\$238	\$154			\$429
Regional & Rural Practice	\$336	\$220	\$236	\$240	\$227	\$444	\$346	
Fully Bulk Billing Practice	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0



GP VISITS THIS YEAR: 13

Man – 1 x GP Management Plan
Man – 1 x Team Care Arrangements
Man – 4 x Standard GP Consult (Level B)

Woman – 1 x GP Management Plan
Woman – 1 x Team Care Arrangements
Woman – 4 x Standard GP Consult (Level B)
Woman – 1 x Long GP Consult (Level C)

Retiree Couple

This retiree couple has been modelled on a typical GP service usage for self-funded retirees in their early 60s, who see their GP regularly to help manage a number of chronic conditions. They have both have recently had a GP Management Plan and Team Care Arrangement put in place.

Retiree couples with this typical rate of GP service usage may have out-of-pocket costs of between **\$174 and \$677 a year**, depending on where they live.

If their practice shifts to full bulk billing with the support of the **Bulk Billing Practice Incentive Program** and **bulk billing incentive for all Australians**, then the out of pocket cost for this retiree couple will be **\$0** - all of their GP visits will be free.

Yearly out-of-pocket costs

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT
City & Metro Practice	\$174	\$224	\$320	\$415	\$390			\$662
Regional & Rural Practice	\$292	\$425	\$341	\$470	\$449	\$677	\$378	
Fully Bulk Billing Practice	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0



GP VISITS THIS YEAR: 3

3 x Standard GP Consult (Level B)

Young Man

This young man has been modelled on a typical GP service usage for man in his 20s that is otherwise healthy and only sees a GP for periodic illness or injury.

Young men with this typical rate of GP service usage may have out-of-pocket costs of between **\$41 and \$109 a year**, depending on where they live.

If their practice shifts to full bulk billing with the support of the **Bulk Billing Practice Incentive Program** and **bulk billing incentive for all Australians**, then the out of pocket cost for this young man will be **\$0** - all of their GP visits will be free.

Yearly out-of-pocket costs

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT
City & Metro Practice	\$42	\$41	\$85	\$84	\$64			\$104
Regional & Rural Practice	\$94	\$89	\$94	\$94	\$90	\$109	\$57	
Fully Bulk Billing Practice	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0



GP VISITS THIS YEAR: 5

5 x Standard GP Consult (Level B)

Young woman

This young woman has been modelled on a typical GP service usage for woman in her late 20s that is otherwise healthy and sees her GP regularly to support her preventive health care and for minor illnesses.

Young women with this typical rate of GP service usage may have out-of-pocket costs of between **\$90 and \$221 a year**, depending on where they live.

If their practice shifts to full bulk billing with the support of the **Bulk Billing Practice Incentive Program** and **bulk billing incentive for all Australians**, then the out of pocket cost for this young woman will be **\$0** - all of their GP visits will be free.

Yearly out-of-pocket costs

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT
City & Metro Practice	\$90	\$131	\$131	\$169	\$105			\$214
Regional & Rural Practice	\$144	\$135	\$141	\$143	\$148	\$221	\$146	
Fully Bulk Billing Practice	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0



GP VISITS THIS YEAR: 4

- 1 x Mental Health Treatment Plan
- 2 x Standard GP Consult (Level B)
- 1 x Long GP Consult (Level C)

Young person

This young person has been modelled on a typical GP service usage for young adult in their late 20s that is physically healthy and sees their GP for minor illnesses and has a Mental Health Treatment Plan.

A young person with this typical rate of GP service usage may have out-of-pocket costs of between **\$42 and \$197 a year**, depending on where they live.

If their practice shifts to full bulk billing with the support of the **Bulk Billing Practice Incentive Program** and **bulk billing incentive for all Australians**, then the out of pocket cost for this young person will be **\$0** - all of their GP visits will be free.

Yearly out-of-pocket costs

	NSW	Vic	Qld	WA	SA	Tas	NT	ACT
City & Metro Practice	\$44	\$42	\$99	\$144	\$136			\$197
Regional & Rural Practice	\$47	\$45	\$47	\$161	\$102	\$195	\$76	
Fully Bulk Billing Practice	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Assumptions

Region Classifications:

- 'City & Metro' refers to locations with a MMM1 classification.
- 'Regional' refers to locations with a MMM2 classification.
- 'Rural' refers to locations with a MMM3-5 classification.
- 'Remote' refers to locations with a MMM6-7 classification.

GP Consultation Classifications:

- Level A – Short GP consultation lasting less than six minutes.
- Level B – Standard GP consultation lasting at least six minutes but less than 20 minutes.
- Level C – Long GP consultation lasting at least 20 minutes but generally less than 40 minutes.

Modelling assumptions:

- Service patterns were based on individual cohorts of patients who were not on a concession card and that matched the demographics of those patients selected for the cameos.
- Estimated costs are based on bulk billing rates and median out-of-pocket costs for each individual cohort by MBS item and by region. It was assumed that no patient had reached a safety net threshold.
- Costs presented in Regional, Rural & Remote are the maximum of the typical patient cost across Regional, Rural & Remote locations.
- Bulk billed services were calculated by taking the individual cohort bulk billing rate by MBS item and region multiplied by the individual's total number of services for the item rounded to a whole number of services.
- Actual data on bulk billing rates and out-of-pocket costs for people who are not on a concession card by age/sex/estimated family structure, MBS item and State x MMM (4 groups) were used. Individual towns/cities were not modelled.

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Provider case studies

Estimating the provider benefit

- From 1 November 2025, a new **Bulk Billing Practice Incentive Program** will support practices that bulk bill all their patients. On top of the expanded eligibility for the bulk billing incentive, fully bulk billing practices will receive an additional 12.5% loading payment on their Medicare rebates.
- The combined investment means around 4,800 practices will be in a better financial position if they adopt full bulk billing, with the additional Medicare payments more than covering the lost revenue from patient out of pocket costs.

Large mixed billing GP practice	Medium bulk billing GP practice	Small mixed billing GP practice
A large GP practice in a major city is providing around 40,000 GP services a year. Due to recent cost pressures, GPs at the practice have started to bill some of their patients for the first time. The practice now bulk bills around 78% of its services. Last year, the practice received \$2.4 million from MBS benefits and an additional \$260,000 in patient charges. If the practice and its GPs participate in the <i>Bulk Billing Practice Incentive Program</i> they will receive \$575,000 in additional revenue from bulk billing and practice incentives. After covering the \$260,000 shortfall from no longer charging patients, the practice and its GPs are \$315,000 a year better off – with additional revenue now available to grow its team, upgrade its facilities and expand its services.	A medium-sized GP practice in a large rural town is providing around 20,000 GP services a year. The practice has always been bulk billing. Over the last few years, GPs at the practice have found it increasingly difficult to provide high-quality care without charging patients. Many GPs are considering leaving the practice to work at nearby mixed billing practices. Last year, the practice received \$1.4 million from MBS benefits. If the practice and its GPs participate in the <i>Bulk Billing Practice Incentive Program</i> they will receive \$310,000 in additional revenue from bulk billing and practice incentives – an increase of around 22 per cent on its current MBS benefits. This will ensure the practice and its GPs remain able to bulk bill every patient, with additional revenue now available to grow their team, upgrade their facilities and expand their services.	A small GP practice in a major city is providing around 6,000 GP services a year. The practice has been mixed billing for a few years, billing some patients, some of the time – depending on the service – while maintaining bulk billing for existing patients. The practice bulk bills around 79% of their services. Last year, the practice received around \$410,000 from MBS benefits and an additional \$41,000 in patient charges. If the GP practice participates in the <i>Bulk Billing Practice Incentive Program</i> they will receive around \$97,000 in additional revenue from bulk billing and practice incentives. After covering the \$41,000 shortfall from no longer charging patients, the practice is now \$56,000 a year better off – with additional revenue now available to invest in the practice.

