



Billing policy

The billing procedure for pathology testing is a complex process that is dependent on a number of variables including whether the test is fully rebatable by Medicare and whether it needs to be referred to another laboratory.

We aim to be fair and reasonable with our fee structure. Fees are set as low as possible within the bounds of providing a high quality, comprehensive pathology service. You should be aware that you may be charged an out-of-pocket fee depending on the tests your doctor has ordered for you.

Fees fall into two main categories:

Standard fee

Patients will be charged up to \$145 out of pocket, regardless of the number or complexity of tests ordered on each referral as long as all of the tests are rebatable under Medicare.

Melbourne Pathology is committed to keeping this fee as low as possible. Please note that some tests are not covered under the Medicare schedule, and patients are liable for the full cost of these tests with no Medicare rebate.

These non-rebatable tests will be charged as an additional fee.



Billing policy

Direct bill Medicare for all rebatable tests

Melbourne Pathology will directly bill Medicare for all pensioners, Health Care Card holders and in other exceptional circumstances.

We will also directly bill the Department of Veterans' Affairs for all Veterans' Affairs Gold Card holders. If your pathology relates to a Work Cover or Transport Accident Commission claim, or to a pre-employment or insurance request, your account will be sent directly to those organisations.

Please note that some tests are not covered under the Medicare Schedule, and patients are liable for the full cost of these tests with no Medicare rebate.

Please note that in some cases, tests may be sent to a reference laboratory who may also issue an individual account.

Please contact us on 9287 7888 if you require further information about your pathology account.

Information correct at time of printing (July 2019) but subject to change without notice.