

Fees

What are the main types of fees?

There are two main types of fees associated with Dr Boorer's practice: consultation fees and procedural fees.

Consultation fees

The consultation fee covers the cost of your initial appointment with Dr Boorer. If you have been referred by your GP, a portion of this fee can be claimed through Medicare.

You will be informed of this fee when you make a booking to see Dr Boorer. In addition, prior to your initial consultation, you will be sent information about the practice, which includes the consultation fees.

There is usually no charge for a second consultation, when required, for cosmetic or complex reconstructive procedures.

Procedural fees

Procedural fees are the costs associated with having a procedure performed by Dr Boorer in hospital or in the private rooms. These include:

The surgeon's fee

Covers the cost of having Dr Boorer personally perform your procedure in hospital or in the private rooms. This fee includes surgical garments (when required) and all post-operative follow-up visits in hospital or the private rooms, including dressing changes and removal of stitches. In the event that further surgery is required there will usually be no further surgeons' fees however there may be anaesthetic and hospital fees.

Fees for hospital procedures

If your procedure is to be performed in hospital, you will also be required to pay anaesthetic and hospital fees (if these are not covered by your private health fund). These fees are based on the length and complexity of your procedure, and the length of your hospital stay. Other possible expenses include the cost of implants and pathology tests (when required)

Fees for minor procedures performed in the private rooms

The only fee payable is the surgeon's fee. This fee covers all expenses associated with minor procedures performed in the private rooms, apart from the fee for pathology tests (when required)

What does Medicare cover?

Medicare may provide rebates for a portion of the above fees for applicable procedures performed in hospital or in the private rooms. Your Estimate of Fees will include all applicable Medicare rebates and out of pocket expenses.

Can I claim through my private health fund?

Private health funds may provide rebates for a portion of the above fees for applicable procedures performed in hospitals only. The amount of subsidy depends upon your health fund, your level of cover and whether you are required to pay an 'excess' or 'co-payment'.

'Applicable' procedures include most reconstructive and cancer surgery, large breast reductions and abdominoplasties, and in certain circumstances, other procedures such as rhinoplasties and eyelifts. Most cosmetic procedures however do not attract private health fund rebates.

In addition, the private health funds do not cover procedures performed in the private rooms.

How can I access further information?

The above maze of variables impacting upon fees can make it difficult for patients to calculate the total 'bottom-line' cost of having a procedure. Your Estimate of Fees will itemise all anticipated expenses and include all available rebates to provide you with peace of mind.

We encourage you to contact us if you have any further questions regarding fees so that you can make a fully informed decision regarding your procedure.