

How to choose a GP or medical centre

What bulk billing actually covers, what the gap will be, and how to get an appointment long enough for what you need

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The practice you choose decides what you pay, how long you wait, and whether you can get in when you are actually sick. Those three things vary more between Tasmanian practices than most people expect, and none of them is visible from the car park.

What it should cost

A standard consultation at a private-billing practice commonly runs somewhere between about \$85 and \$125, against a Medicare rebate of \$45.05 for a standard consultation (MBS item 23, from 1 July 2026), so the gap you pay is often in the \$40 to \$80 range. Long consultations cost more and attract a larger rebate, and the gap is usually larger too.

Bulk billing means the practice accepts the Medicare rebate as full payment and you pay nothing. Many practices now bulk bill only for children, concession card holders or pensioners, or only at certain times of day. Ask which applies to you, not whether the practice "bulk bills" - the answer to the second question is often yes and the answer to the first is often no.

Procedures, vaccinations, wound care and mental health care plans may be charged separately or not at all. Ask for the fee schedule rather than assuming a consultation fee covers everything in the appointment.

What the law requires

General practitioners must be registered with AHPRA, and you can check any doctor's registration on the public register. Practices must handle your health information under the Australian Privacy Principles, which means they need your consent to share records with anyone else.

You are entitled to a copy of your own health record, and practices can charge a reasonable fee for producing it. If you move, ask for a health summary to take with you rather than relying on the old practice to forward everything.

A Mental Health Treatment Plan prepared by a GP gives you access to Medicare-subsidised psychology sessions - up to 10 individual and 10 group therapy sessions per calendar year under the Better Access initiative. The plan itself is usually done within a longer consultation.

Red flags

A receptionist who cannot tell you the fee or the gap before you book.

Being told the practice bulk bills, then being charged at the desk.

A standard appointment too short to raise more than one problem, with no longer option offered.

No clear answer about after-hours care.

Pressure to accept a treatment or referral without an explanation you understand.

What good looks like

The fee and the gap are stated up front, in writing or on the website.

They ask how many things you need to discuss when you book, and give you a longer slot if needed.

Continuity is possible - you can see the same GP repeatedly.

They explain what a test or referral is for in plain language.

After-hours arrangements are documented and clear.

What to ask

- "Do you bulk bill, and does that apply to me?"
- "What is the fee for a standard consultation, and what is the Medicare rebate, so I know the gap?"
- "How long is a standard appointment, and what do I do if I have three things to raise?"
- "How far ahead are you booked for a routine appointment?"
- "What happens after hours - do you have an arrangement, or do I go to the hospital?"
- "Is there a doctor here who specialises in my condition?"
- "Can I see the same doctor each time?"

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