



Medicare bulk billing and out-of-pocket costs of GP attendances over time

Web report | Last updated: 13 Dec 2024 | Topic: [Medicare](#)

About

This report describes trends over 40 years in Medicare bulk billing rates for general practitioner (GP) attendances and average patient out-of-pocket costs for non-bulk billed GP attendances that occurred outside of hospital.

This report is a companion to the AIHW's *Medicare bulk billing of GP attendances: monthly data*.

Cat. no: HWE 103

Summary

[Medicare - external site opens in new window](#) is Australia's publicly funded universal healthcare system that pays for some or all of the costs associated with medical services, including general practitioner (GP) consultations (where a patient and GP discuss the patient's health).

GPs determine how they charge for the service they provide and may choose to:

- accept the patient's Medicare rebate (with the patient's agreement) as full payment for the service. This is known as **bulk billing** and the patient does not have to pay anything.
- charge a fee greater than the Medicare rebate. In this instance, the patient needs to pay a contribution towards the cost, which is known as **out-of-pocket costs**.

This report focuses on 2 key measures (calculated monthly and annually):

- the bulk billing rate (%) for GP attendances (referred to as the GP bulk billing rate). This is the number of bulk billed GP attendances divided by the total number of all GP attendances x 100.
- the average amount of out-of-pocket costs people paid for GP attendances (non-hospital) when they were not bulk billed. This is calculated by dividing the out-of-pocket costs for (non-hospital) GP attendances by the number of (non-hospital) GP attendances delivered to patients.

Note: the GP attendances used in the out-of-pocket costs are for non-hospital services, while those used in calculating the bulk billing rate are for all services. This is consistent with reporting of [Medicare statistics - external site opens in new window](#).

The bulk billing rate for GP attendances has decreased after the start of the COVID-19 pandemic

The annual and monthly GP bulk billing rates have changed over recent years. Before the COVID-19 pandemic, the annual GP bulk billing rate sat at 86% in 2019. During the pandemic, the annual GP bulk billing rate rose to a peak of 89% in 2020, partly driven by a short period of mandatory bulk billing of GP attendances delivered through video conferences and telephone consultations. This bulk billing rate remained high due to the mandatory bulk billing of over 19 million assessments of patient suitability for a COVID-19 vaccine (which comprised 10% of GP attendances) in 2021.

After the initial impact of the COVID-19 pandemic and the roll-out of COVID-19 vaccines, the GP bulk billing rate declined steadily – reaching a monthly low of 75% in October 2023. On 1 November 2023, [bulk billing incentive payments - external site opens in new window](#) commenced at triple the previous rebate as an incentive for GPs to bulk bill children under the age of 16 and concession card holders. Following the commencement of the higher incentive payments, the monthly GP bulk billing rate increased to 77% in October 2024.

Bulk billing for GP attendances varied depending on where patients lived, with NSW having the highest rates and ACT the lowest rates

The GP bulk billing rate was different between states and territories. In 2023, New South Wales had the highest annual GP bulk billing rate of 82%. In contrast, the Australian Capital Territory had the lowest with an annual rate of 53% in 2023.

From November 2022–October 2023, all states and territories had a decrease in GP bulk billing rates compared with November 2021–October 2022. After the [increase in bulk billing incentive payments - external site opens in new window](#) was introduced in November 2023, the GP bulk billing rate has started to increase in some states and territories. The largest increases in GP bulk billing rates in November 2023–October 2024 (compared with November 2022–October 2023) were seen in:

- Tasmania (GP bulk billing rates increased from 68% to 72%), and
- Northern Territory (GP bulk billing rates increased from 72% to 75%).

People in lower socioeconomic areas are more likely to be bulk billed for GP attendances and pay less when not bulk billed

People living in lower socioeconomic areas generally have a higher GP bulk billing rate. In 2023, the annual GP bulk billing rate for the lowest socioeconomic areas was 87% compared with 68% in the highest socioeconomic areas.

People in lower socioeconomic areas typically pay less to see a GP. In 2023, for those who incurred an out-of-pocket cost, people living in the lowest socioeconomic areas paid an average of \$39 for non-bulk billed (non-hospital) GP attendances, compared with an average of \$47 in the highest socioeconomic areas.

People in more remote areas are more likely to be bulk billed for GP attendances but pay more when not bulk billed

People living in more remote areas tend to have a higher GP bulk billing rate. In 2023, the annual GP bulk billing rate was 89% in *Very remote* areas compared with 78% in *Major cities*.

People in more remote areas usually pay more for a GP visit. In 2023, for those non-bulk billed (non-hospital) GP attendances, patients paid an average of \$49 in out-of-pocket costs in *Very remote* areas, compared with an average of \$43 in *Major cities*.

Introduction

Medicare is Australia's publicly-funded universal health insurance scheme and is designed to provide Australians (and eligible overseas visitors) access to a wide range of health and hospital services at reduced or no cost. GPs determine how they charge for the service they provide and may choose to:

- bill the Australian Government and accept the Medicare benefit as the full payment of the service. This is known as [bulk billing - external site opens in new window](#) and the patient does not pay anything for the service.
- bill the patient directly (where they do not bulk bill). If the fee charged is higher than the scheduled Medicare fee (that is, the Medicare benefit), the gap is known as the '[out-of-pocket - external site opens in new window](#)' cost and this is paid by the patient.

This report examines trends in both the GP bulk billing rate and out-of-pocket costs across the last 40 years, as the financial cost of a GP visit has been identified as a potential barrier to Australians seeing a GP (other factors being service availability and waiting times). During 2023–24, 8.8% of people aged 15 and over cited cost as a reason for delaying or putting off care from a GP when needed in the last 12 months (ABS 2024).

This report is a companion to the AIHW's [Medicare GP bulk billing dashboard](#) and adds to reporting conducted by the Australian Government Department of Health and Aged Care on [Medicare statistics - external site opens in new window](#).

Note that reported figures may differ slightly:

- The Department of Health and Aged Care's Medicare statistics are based on the date the service was **processed** by Services Australia.
- Statistics in this report are based on the date the service (GP attendance) was **delivered**.

These differences may result in minor variations between the 2 reported bulk billing rates.

See [Technical notes](#) for more information about the data used in this report.

This report focuses on 2 key measures (calculated monthly and annually):

- the bulk billing rate (%) for GP attendances (referred to as the *GP bulk billing rate*). This is the number of bulk billed GP attendances divided by the total number of all GP attendances x 100.
- the average out-of-pocket costs that patients paid for GP attendances (non-hospital services) when they were not bulk billed. This is calculated by dividing the out-of-pocket costs for (non-hospital) GP attendances by the number of (non-hospital) GP attendances delivered to patients.



Bulk billing rates for GP attendances

This section presents 40 years of bulk billing rates for GP attendances (that is, the proportion of consultations provided by GPs that are billed to Medicare with no patient contribution) with a focus on the last 20 years between 2003 and the end of October 2024.

The data explores annual and monthly GP bulk billing rates in Australia, as well as comparisons across states and territories, socioeconomic areas and remoteness areas. The section also looks at the 10 highest bulk billed [Local Government Areas - external site opens in new window](#) (LGAs) and 10 lowest bulk billed LGAs for GP attendances in the last 5 years.

GP attendances can be delivered in hospital and in non-hospital settings (that is, outside of a hospital). In 2023, 99.8% of GP attendances were delivered in non-hospital settings. Both settings are included in the calculation of GP bulk billing rates.

Patterns in GP bulk billing rates between 1984 and October 2024

Over the last 40 years, the national GP bulk billing rate has increased over time. At the start of Medicare in 1984, the annual GP bulk billing rate was 51% before increasing to a 40-year high of 89% in 2020. Since then, it decreased to 77% in 2023 before increasing slightly to 78% in the first 10 months of 2024.

There have been 2 main periods in the 40-year history of Medicare where the GP bulk billing rate has increased (Figure 1):

1. In the 12 years between 1984 and 1996, where the annual GP bulk billing rate steadily increased to 81% in 1996 (an annual average increase of 2.5 percentage points for each year since 1984).
2. In the 17 years between 2003 and 2020, when the annual GP bulk billing rate increased to 89% in 2020 (an annual average increase of 1.2 percentage points for each year since 2003).

During 2020, the monthly GP bulk billing rate peaked in April when it reached 94% (which was also the highest national GP bulk billing rate to date).

Following each period of growth, the annual GP bulk billing rate declined. In the 7 years from 1996 to 2003, it fell to 68% (an annual average decrease of 1.8 percentage points for each year between 1996–2003). After 2020, the annual GP bulk billing rate decreased to 77% in 2023 (an annual average decrease of 4.0 percentage points for each year between 2020–2023).

The reasons for the changes in the annual GP bulk billing rate are complex and can include:

Changes to the cost of running a medical practice over time

GPs are free to choose whether they bulk bill a patient or bill a patient directly. The [Australian Medical Association - external site opens in new window](#) recommends that all GPs should determine their own fees based on the cost of running a medical practice and the individual circumstances of the patient. The cost of running medical practices varies across the country and includes things such as wages, rent, electricity, and insurance. If the costs to run a medical practice increase, GPs may need to charge a fee greater than the scheduled Medicare fee, resulting in a move away from bulk billing to billing the patient directly.

Changes to the MBS over time

Over time, the number and composition of GP attendance items listed on the MBS schedule has changed as other items have periodically been introduced to reflect the work of GPs. For example, as at 1 February 1984 there were 45 GP MBS items available. This has now risen to approximately 360 GP MBS items as at 31 October 2024, noting that items are added to and removed from the MBS schedule periodically.

While GP attendance items generally focus on GP consultations over varying time intervals, content-based GP items were introduced in December 1989. From 1999 enhanced primary care items were introduced to the schedule to provide additional support to patients with chronic health conditions and complex care needs. More recently, [additional longer GP attendance consultation items - external site opens in new window](#) were also added to the MBS on 1 November 2023. These are just some of the changes to the MBS schedule and for information on changes, see [MBS Online - external site opens in new window](#).

The Medicare Benefits Schedule (MBS) is a list of the medical services for which the Government provides a Medicare rebate (that is, Medicare benefit), to provide patients with financial assistance towards the costs of the medical services.

History of Medicare

Since Medicare was implemented, the Australian Government has introduced various policies aimed at either increasing the bulk billing rate, improving the affordability of GP services for patients, or improving the overall affordability of Medicare for the Government.

The following is a high-level overview of some of the key policy changes. Note that this is not a complete list of changes or a review of the effectiveness of the policies.

1991–92 Budget Medicare reforms

As part of the 1991–92 Budget, the Medicare rebate for non-hospital GP attendances was reduced for non-concessional patients. In addition, a co-payment was introduced for non-concessional patients when being bulk billed. This initiative was implemented on 1 December 1991 (Commonwealth Department of Health, Housing and Community Services 1991) and discontinued from [1 March 1992 - external site opens in new window](#). Although this initiative was temporary, the average out-of-pocket costs increased from \$17 in November 1991 to \$23 in December 1991 before returning to \$16 in March 1992 (inflation adjusted).

For more information, see [Budget Statements 1991–92 - external site opens in new window](#).

Strengthening Medicare

The Strengthening Medicare (Department of Parliamentary Services 2004) initiative introduced on [1 February 2004 - external site opens in new window](#) included:

- a series of new bulk billing incentive items for GPs, to provide an incentive for GPs to bulk bill concession card holders and children under the age of 16 years, particularly in regional, rural and remote areas.
- the introduction of a new Extended Medicare Safety Net, which provided reimbursement of 80% of all out-of-pocket costs for medical services provided outside hospitals (that is, doctors' visits and medical tests such as pathology examinations) once certain thresholds were reached.

After the introduction of this initiative, the annual GP bulk billing rate increased to 71% by the end of 2004.

100% Medicare

The [100% Medicare - external site opens in new window](#) initiative, which began on 1 January 2005, increased the Medicare rebate for non-hospital GP attendances to 100% of the schedule fee. Previously, the Medicare rebate had only been 85% of the schedule fee for out-of-hospital services. This meant patients who were non-bulk billed after 1 January 2005 had a lower out-of-pocket cost due to the increase in the Medicare rebate, assuming the fee charged by GPs remained the same.

Medicare rebate freeze

Since 1986, various parts of the MBS were indexed. After July 2014, a freeze on indexation was introduced – known as the Medicare rebate freeze (Parliamentary Library 2017) – and later removed from July 2017 in a phased lifting. However, the re-introduction of indexation did not extend to all MBS items. Analysis conducted by the Australian Parliament (Parliamentary Library 2017) identified the impact of the indexation freeze was not clear as the GP bulk billing rate initially remained steady, however the patients who were billed directly faced higher out-of-pocket costs.

Australian Government's COVID-19 response

The Australian Government's COVID-19 response included doubling the schedule fees for bulk billing incentive items between March and September 2020 and the introduction of several temporary telehealth items that were required to be bulk billed (Department of Health and Aged Care 2020a, 2020b). Following the introduction of these changes, the annual bulk billing rate for GP attendances subsequently increased to 89% in 2020.

For more information, see the [Government's COVID-19 response - external site opens in new window](#).

Building a stronger Medicare

The [Building a stronger Medicare - external site opens in new window](#) policy which commenced on 1 November 2023, included (alongside other initiatives) an [additional investment measure - external site opens in new window](#) that tripled the amount of bulk billing incentive payments for the most commonly claimed GP attendances. These incentives were designed to support free GP consultations for patients under 16, pensioners and other Commonwealth concession card holders. This policy also included an increase in the indexation of the Medicare rebate.

Since November 2023, the monthly GP bulk billing rate increased to 77% in October 2024.

Patterns in GP bulk billing rates by age group

The monthly and annual GP bulk billing rates in the age groups of 0–15, 16–64 and 65+ years (Figure 1) all followed the overall national trend between 1984 to the end of October 2024.

Between 1984 and 2013, the 65+ age group had the highest annual GP bulk billing rate (an average of 85% over this entire period) out of the 3 age groups. The 0–15 age group had an average bulk billing rate of 74% and the 16–64 age group had the lowest average rate of 71% over this entire period.

Since 2014, the 0–15 age group had consistently higher annual GP bulk billing rates (an average of 92% between 2014 and 2023) compared with the other 2 age groups. The 16–64 age group had an average GP bulk billing rate of 81% and the 65+ age group had an average rate of 90% between 2014 and 2023.

In 2020, the annual GP bulk billing rate peaked for all age groups, when it reached 94% for the 0–15 age group, 87% for the 16–64 age group and 93% for the 65+ age group. From 2021 to 2023, the bulk billing rate for all 3 age groups then declined.

During the first 10 months of 2024, for the:

- 0–15 age group, the average GP bulk billing rate increased from 88% in 2023 to an average of 90%.
- 16–64 age group, the average GP bulk billing rate decreased from 70% in 2023 to an average of 69%.
- 65+ age group, the average GP bulk billing rate increased from 86% in 2023 to an average of 87%.

The 16–64 age group formed the greatest proportion of all GP attendances (54%) and almost half of all bulk billed GP attendances (48%) during the first 10 months of 2024 (Table 1). As a result, the relatively lower bulk billing rate for this age group is lowering the national average bulk billing rate.

At the time of publishing this report, data for the full year of 2024 was unavailable. It is too soon to tell what the overall trend for 2024 will be for all age groups.

Table 1: GP bulk billing rates by age group, January–October 2024

Age group	Bulk billing rate	Bulk billed GP attendances (million) (% of total)	GP attendances (million) (% of total)
0–15	90%	15.1 (14%)	16.8 (12%)
16–64	69%	52.3 (48%)	75.8 (54%)
65+	87%	42.1 (38%)	48.2 (34%)
Total	78%	109.5 (100%)	140.8 (100%)

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care.

Figure 1: GP bulk billing rates by age group, 1984 to October 2024

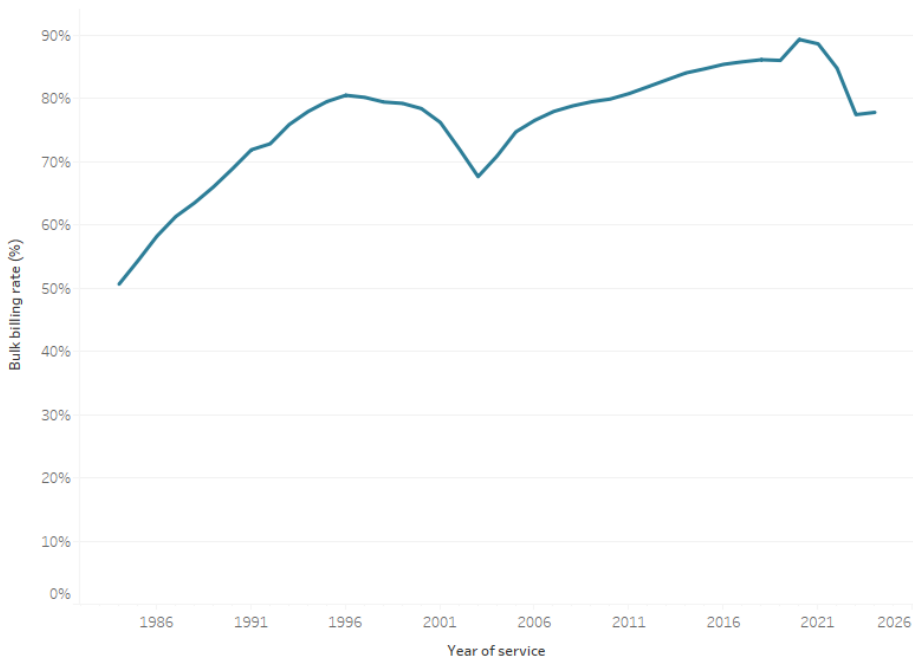
The annual GP bulk billing rate shows an increase from 51% in 1984 to 81% in 1996. This is followed by a decrease to 68% in 2003. The rate then increased to a high of 89% in 2020, before decreasing to 77% in 2023. The rate in the first 10 months of 2024 was 78%. The annual GP bulk billing rate of the 0–15 age group was 90% in the first 10 months of 2024, 69% in the 16–64 age group and 87% in the 65+ age group.

Annual/monthly data:

- Month
- Year

Show age groups

- Yes
- No



Age Group

- Total

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care.
<http://www.aihw.gov.au/>

Patterns in GP bulk billing rates across states and territories

There were some variations in the monthly and annual GP bulk billing rates between individual states and territories (Figure 2):

- New South Wales had the highest annual GP bulk billing rate in Australia, excluding the 3 years between 2017 and 2019 (when the Northern Territory had the highest rate).
- Australian Capital Territory had the lowest annual GP bulk billing rate in Australia from early 2000.
- Victoria, Queensland, Western Australia, South Australia and the Northern Territory had similar annual GP bulk billing rates between 2020 and October 2024.
- In 2023, the annual GP bulk billing rate for New South Wales was 82%, compared with the lowest rates of 69% in Tasmania and 53% in the Australian Capital Territory.

Compared with November 2021–October 2022, all states and territories had a decrease in GP bulk billing rates between 6–12 percentage points during November 2022–October 2023 (Table 2). Between November 2023–October 2024, the change in bulk billing rate ranged from a decrease of 2.1 percentage points to an increase of 3.5 percentage points. The largest increases in GP bulk billing rates in November 2023–October 2024 (compared with November 2022–October 2023) were seen in:

- Tasmania (GP bulk billing rates increased from 68% to 72%), and
- Northern Territory (GP bulk billing rates increased from 72% to 75%).

Table 2: GP bulk billing rates* across states and territories during November 2021–October 2024

State	November 2021 to October 2022	November 2022 to October 2023	November 2023 to October 2024
NSW	88.8%	82.4%	82.2%
VIC	86.3%	78.9%	78.5%
QLD	85.0%	76.1%	75.8%
WA	83.5%	72.6%	70.5%
SA	84.5%	73.5%	74.6%
TAS	75.8%	68.4%	71.9%
ACT	65.5%	53.3%	53.2%
NT	83.3%	72.0%	74.7%
National	86.0%	78.0%	77.7%

* These are rolling 12-month bulk billing rates. This is calculated by dividing the number of bulk billed GP attendances over a 12-month period by the number of GP attendances over the same period x 100.

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care.

Patterns in GP bulk billing rates by age group across states and territories

The monthly and annual GP bulk billing rates in the age groups of 0–15, 16–64 and 65+ years (Figure 2) within states and territories showed variation.

The average bulk billing rate for 0–15 and 65+ years increased in all states and territories during the first 10 months of 2024 compared to the average bulk billing rate for the calendar year 2023. In contrast, the bulk billing rate for 16–64 years continued to decline in many jurisdictions.

The largest increases in the GP bulk billing rate in the 0–15 age group during the first 10 months of 2024 were seen in:

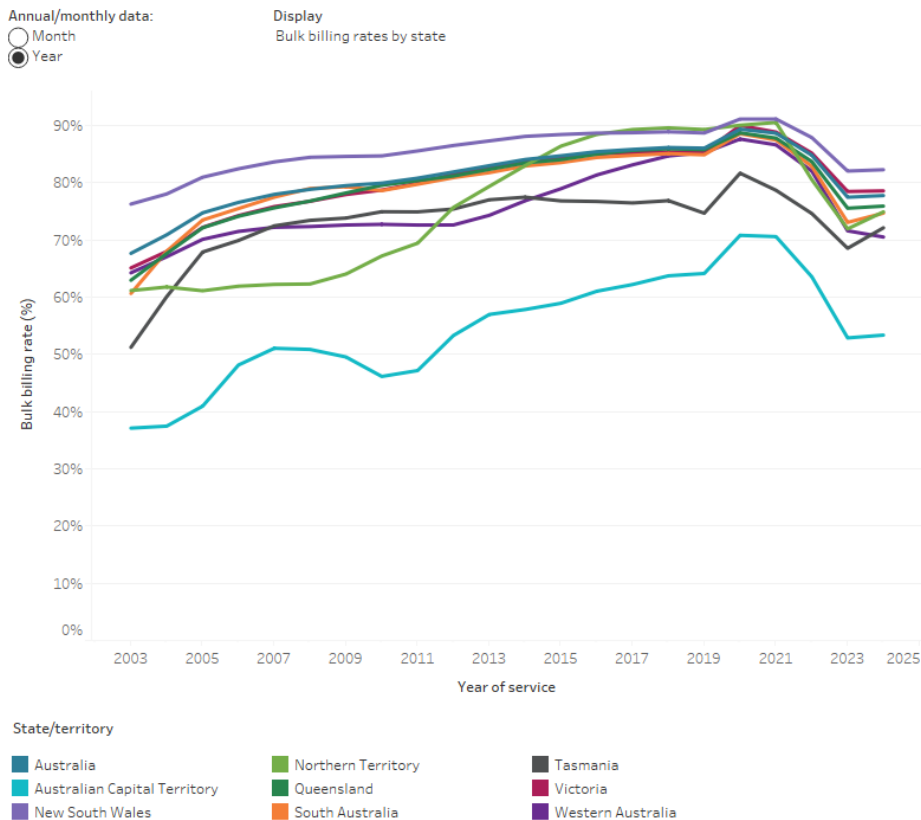
- Northern Territory where the GP bulk billing rate increased from 90% in 2023 to an average of 96% (increase of 6 percentage points)
- Tasmania where the GP bulk billing rate increased from 81% in 2023 to an average of 86% (increase of 5 percentage points).

The largest increase in the GP bulk billing rate in the 65+ age group during the first 10 months of 2024 was in South Australia, where the GP bulk billing rate increased from 83% in 2023 to an average of 87% (increase of 4 percentage points).

In the 16–64 age group, the largest decrease in the GP bulk billing rate during the first 10 months of 2024 occurred in Western Australia, where it decreased from 60% in 2023 to an average of 57% (decrease of 3 percentage points).

Figure 2: GP bulk billing rates across states and territories, by age group, 2003 to October 2024

The annual GP bulk billing rate in New South Wales changed from 76% in 2003 to 82% in the first 10 months of 2024, from 65% to 79% in Victoria, from 63% to 76% in Queensland, from 64% to 71% in Western Australia, from 61% to 75% in South Australia, from 51% to 72% in Tasmania, from 37% to 53% in ACT and from 61% to 75% in Northern Territory.



Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care.
<http://www.aihw.gov.au/>

Patterns in GP bulk billing rates by socioeconomic area

Information about relative economic and social circumstances of people and households within a geographic area are summarised in this report by [ABS Index of Relative Socio-economic Disadvantage - external site opens in new window](#) (IRSD) Socio-Economic Indexes for Areas (SEIFA) indices. IRSD SEIFA measures relative disadvantage and is summarised as quintiles (1 indicating a lower socioeconomic area, 5 a higher socioeconomic area) in this report.

For more detail, see [Technical notes](#).

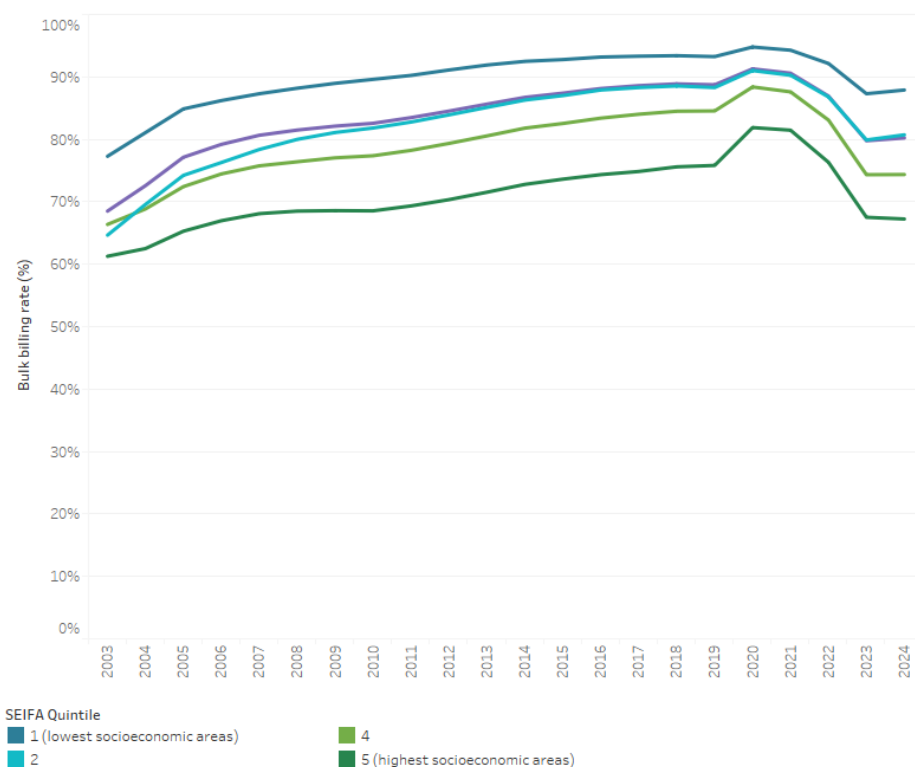
Lower socioeconomic areas across Australia generally have higher annual GP bulk billing rates compared with higher socioeconomic areas (Figure 3). Within each socioeconomic area, the pattern of GP bulk billing rates was similar to the overall trend in the national GP bulk billing rate over time (Figure 1). Each socioeconomic area had a rise in GP bulk billing rates in 1996, a decline in 2003 before increasing again in 2004.

In the first 10 months of 2024, the average GP bulk billing rate for the lowest socioeconomic areas was 88%. In comparison, the average GP bulk billing rate for the highest socioeconomic areas was 67%.

Figure 3: GP bulk billing rates by socioeconomic area for states and territories, 2003 to October 2024

The annual GP bulk billing rate in the lowest socioeconomic areas, SEIFA quintile 1, changed from 77% in 2003 to 88% in the first 10 months of 2024, from 65% to 81% in SEIFA quintile 2, from 69% to 80% in SEIFA quintile 3, from 66% to 74% in SEIFA quintile 4 and from 61% to 67% in SEIFA quintile 5, the highest socioeconomic areas.

Display
Australian bulk billing rates by SEIFA quintile



Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care. <http://www.aihw.gov.au/>

Patterns in GP bulk billing rates by remoteness

Information about remoteness is summarised in this report by [Australian Statistical Geography Standard \(ASGS\) for Remoteness Areas \(RA\) - external site opens in new window](#).

For more detail, see [Technical notes](#).

Within each remoteness area, the pattern of GP bulk billing rates was broadly similar to the overall trend in the national GP bulk billing rate over time (Figure 1). Since 2002, the annual GP bulk billing rate for *Very remote* areas has been higher than that for *Major cities* (Figure 4).

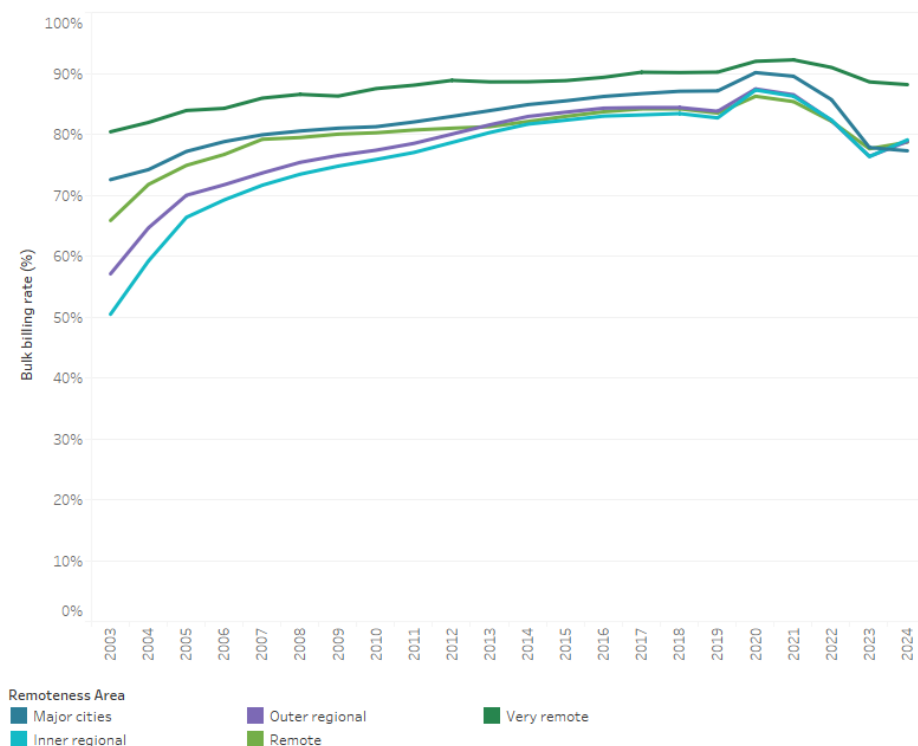
The GP bulk billing rates decreased in all remoteness areas after peaking in 2020–2021. The GP bulk billing rate in *Very remote* areas has not decreased as much as other remoteness areas.

During the first 10 months of 2024, *Very remote* areas had a GP bulk billing rate of 88% compared with a rate of 77% in *Major cities*.

Figure 4: GP bulk billing rates by remoteness for states and territories, 2003 to October 2024

The annual GP bulk billing rate in Major cities changed from 73% in 2003 to 77% in the first 10 months of 2024, from 50% to 79% in Inner regional areas, from 57% to 79% in Outer regional areas, from 66% to 79% in Remote areas and from 80% to 88% in Very remote areas.

Display
Australian bulk billing rates by remoteness area



Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care. <http://www.aihw.gov.au/>

LGAs with 10 highest and lowest GP bulk billing rates 2019–2023

Local Government Areas with 10 highest and lowest GP bulk billing rates between 2019 and 2023

For the last 5 years, Queensland had the most Local Government Areas (LGAs, see [Technical notes](#) for details) with the 10 highest GP bulk billing rates, followed by New South Wales (Figure 5). These LGAs were largely in the lowest socioeconomic areas (SEIFA quintile 1) and none of them were in higher socioeconomic areas (quintiles 4 and 5). Woorabinda (*Remote* area) and Doomadgee (*Very Remote* area) in Queensland and Cumberland (*Major cities*) in New South Wales appeared with the highest GP bulk billing rates in each of the 5 years and these 3 LGAs were the lowest socioeconomic areas.

Over the last 5 years, the majority of LGAs with the 10 lowest GP bulk billing rates were in Western Australia, followed by New South Wales. LGAs with the lowest GP bulk billing rates were mostly in the highest socioeconomic areas (quintile 5). There were no lowest socioeconomic areas (quintile 1) in the 10 lowest GP bulk billing rates. Peppermint Grove and Cottesloe (Western Australia) and Mosman (New South Wales) appeared with the lowest GP bulk billing rates throughout the entire period and these LGAs were all located in the highest socioeconomic areas (quintile 5) and in *Major cities*.

Figure 5: Highest and lowest 10 GP bulk billing rates for LGAs across states and territories, 2019 to 2023

Woorabinda LGA in Queensland had the highest GP bulk billing rates of all LGAs between 2019 and 2023 with a rate of 99% in 2023. Peppermint Grove LGA in Western Australia had the lowest GP bulk billing rate of all LGAs in 2023 with a rate of 48%.

State/territory	Show Highest 10 LGAs by bulk-billing rate				
Australia	2019	2020	2021	2022	2023
Rank					
1	Woorabinda	Woorabinda	Woorabinda	Woorabinda	Woorabinda
2	Northern Peninsula Area	Doomadgee	Northern Peninsula Area	Northern Peninsula Area	Brewarrina
3	Doomadgee	Fairfield	Fairfield	Cumberland	Northern Peninsula Area
4	Cumberland	Cumberland	Cumberland	Brewarrina	Doomadgee
5	Torres	Mornington	Brewarrina	Doomadgee	Flinders (Tas.)
6	Torres Strait Island	Lockhart River	Campbelltown (NSW)	Flinders (Tas.)	Torres
7	Lockhart River	Porpuraaw	Doomadgee	Campbelltown (NSW)	Torres Strait Island
8	Porpuraaw	Kowanyama	Blacktown	Fairfield	Fairfield
9	Mornington	Aurukun	Liverpool	Wiluna	Cumberland
10	Kowanyama	Brewarrina	Lockhart River	Laverton	Anangu Pitjantjatjara Yunkunyt

States/territories

■ New South Wales	■ Western Australia	■ Australian Capital Territory
■ Victoria	■ South Australia	■ Northern Territory
■ Queensland	■ Tasmania	

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care. Unincorporated LGAs are excluded, except Unincorporated ACT, which is the whole of the ACT.

Suppressed LGAs are excluded.

<http://www.aihw.gov.au/>

Out-of-pocket costs for GP attendances

This section presents information about how much patients paid out-of-pocket for a non-hospital attendance with a GP when the service was not bulk billed. While the initial analysis summarises the main changes in the average out-of-pocket costs (adjusted for inflation) since the introduction of Medicare in 1984, the focus of this section is on the last 20 years between 2003 and 2023.

This measure excludes GP attendances that occur in a hospital setting (this is consistent with reporting of [Medicare statistics - external site opens in new window](#)), which represented only 0.2% of all GP consultations during 2023. Out-of-pocket costs for Medicare subsidised GP attendances that occur outside of a hospital cannot be claimed through private health insurance and as such the patient must fund the out-of-pocket cost themselves.

GPs determine how they charge for the service they provide and may choose to:

- accept the patient's Medicare rebate (with the patient's agreement) as full payment for the service. This is known as **bulk billing** and the patient does not have to pay anything.
- bill the patient directly (where they do not bulk bill). This is known as **patient billing** and the patient has to pay for the service.

Many GPs do not exclusively either bulk bill their patients or patient bill, and instead have mixed-billing practices. Depending on the service or the circumstances of the patient, they may choose to bulk bill or patient bill.

Whenever a GP chooses not to bulk bill their patients and instead charges a fee greater than the scheduled Medicare rebate amount, the patient must pay the difference. This is typically known as [out-of-pocket costs - external site opens in new window](#).

Private health insurance rebates

Some people choose to pay for private health insurance and as such may receive a rebate from their health fund to cover all or some of out-of-pocket costs for private services in hospital, depending on their level of hospital cover.

This report does not include information on rebates from private health insurers because private health rebates are not captured in Medicare claims data.

Patient out-of-pocket costs for a GP attendance in a non-hospital setting for Australia are discussed, as well as across states and territories, socioeconomic and remoteness areas. An analysis of the 10 LGAs with the highest average out-of-pocket costs and the 10 LGAs with the lowest average out-of-pocket costs over the last 5 years is also presented.

Note: All out-of-pocket costs referenced in this section are price adjusted to 2023 prices to account for inflation. The deflator for price adjustments is only available to 2023, hence out-of-pocket costs are reported to calendar year 2023.

Patterns in out-of-pocket costs for GP attendances between 1984 and 2023

The average out-of-pocket cost has increased over time since the start of Medicare in 1984 (Figure 6).

In 2023, Australians paid an average out-of-pocket cost of \$43 for a non-bulk billed GP attendance. After adjusting for inflation, the highest average out-of-pocket cost was \$46 for a non-bulk billed GP attendance and occurred between 2018 and 2022.

Variations in out-of-pocket costs have occurred at various points due to the impact of government policies:

- The average out-of-pocket cost for a GP attendance dropped from \$24 in 2004 to \$22 in 2005.
- From 2006, a seasonal saw tooth pattern emerged in the monthly average out-of-pocket costs. The start of each year recorded the highest out-of-pocket costs and the lowest out-of-pocket costs occurred towards the end of each year. This is due to the Extended Medicare Safety Net contributing extra Medicare benefits to patients who have reached a threshold level of out-of-pocket costs for non-hospital services throughout the calendar year.

Patterns in out-of-pocket costs by age group

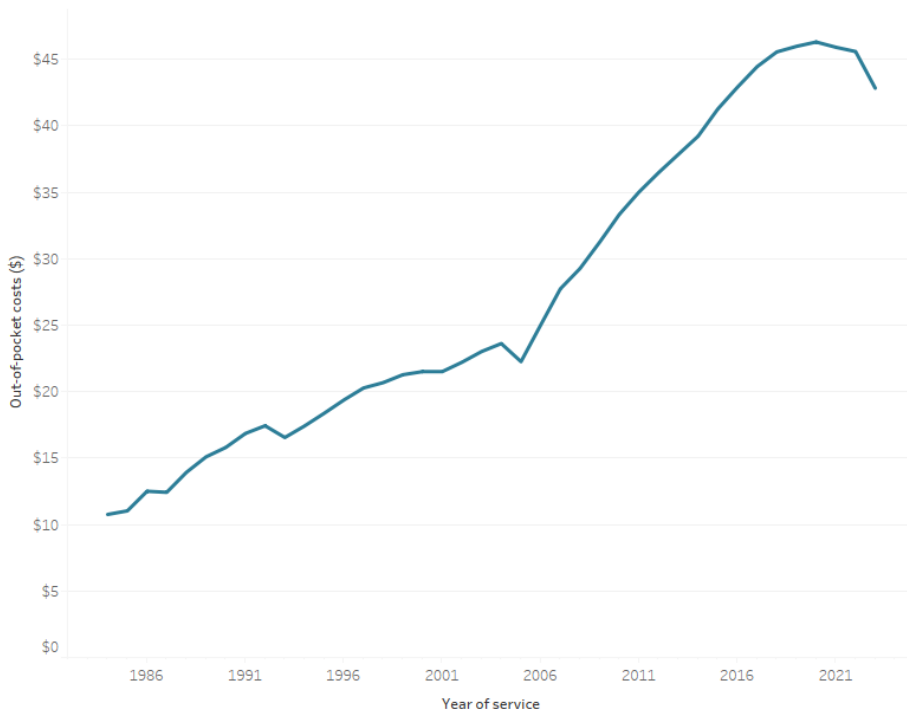
The monthly and annual average out-of-pocket costs for a non-bulk billed GP attendance (using inflation adjusted prices) in the 3 age groups of 0–15, 16–64 and 65+ years followed the general national trend (Figure 6).

- Average out-of-pocket costs for a non-bulk billed GP attendance for the 16–64 age group have consistently been the highest and the 65+ age group has had the lowest out-of-pocket costs over time (Figure 6).
- The highest average out-of-pocket costs per GP attendance occurred in February 2022 for all 3 age groups; \$48 for patients aged 0–15, \$49 for patients aged 16–64, and \$46 for patients aged 65+ years.

Figure 6: Average out-of-pocket costs for GP attendances by age group, 1984 to 2023

The annual average out-of-pocket cost per GP attendance shows an increase from \$11 in 1984 to \$43 in 2023. The annual average out-of-pocket cost per GP attendance in the 0–15 age group changed from \$10 in 1984 to \$42 in 2023, from \$11 to \$44 in the 16–64 age group and from \$9 to \$39 in the 65+ age group. All costs have been adjusted for inflation.

Annual/monthly data: Month Year
Show age groups: Yes No
Display: Out-of-pocket costs per service (inflation adjusted prices)



Age Group
 Total

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care.
<http://www.aihw.gov.au/>

Patterns in out-of-pocket costs for GP attendances across states and territories

The average out-of-pocket cost for non-bulk billed GP attendances varied over time between states and territories (Figure 7).

People in the Australian Capital Territory (ACT) paid the highest annual average out-of-pocket cost of \$50 for a GP attendance during 2023. The highest average out-of-pocket cost in the ACT was \$55 for a GP attendance (adjusted for inflation) which occurred between 2018 and 2020.

South Australia paid the lowest average annual out-of-pocket cost of \$36 for a GP attendance during 2023. Within South Australia, the highest average annual out-of-pocket cost per service for a GP attendance was \$40 between 2018 and 2021 (adjusted for inflation).

The Northern Territory experienced a large decline in the average annual out-of-pocket cost for a GP attendance between 2021 and 2022. The average annual out-of-pocket cost fell by \$15 (from \$57 in 2021 to \$42 in 2022), followed by a small decrease to \$40 in 2023.

The fall in out-of-pocket costs occurred at the same time there was a drop in bulk billing rates. Between 2021 and 2022, the annual GP bulk billing rate in the Northern Territory fell from 91% to 81% (Figure 2). Typically, decreases in bulk billing rates are associated with increasing out-of-pocket costs to patients. In this instance, however the patient out-of-pocket costs decreased.

Analysis of the billing patterns of GPs within the Northern Territory across 2021 and 2022 identified several GPs who moved from exclusively bulk billing in 2021 to mixed billing (a combination of bulk billing and patient billing) in 2022. Further analysis of those GPs who moved to mixed billing in 2022 identified that they generally charged a lower out-of-pocket cost to patients compared to the GPs who were already patient billing in 2021. This led to the drop in average out-of-pocket costs for non-bulk billed GP attendances in the Northern Territory in 2022.

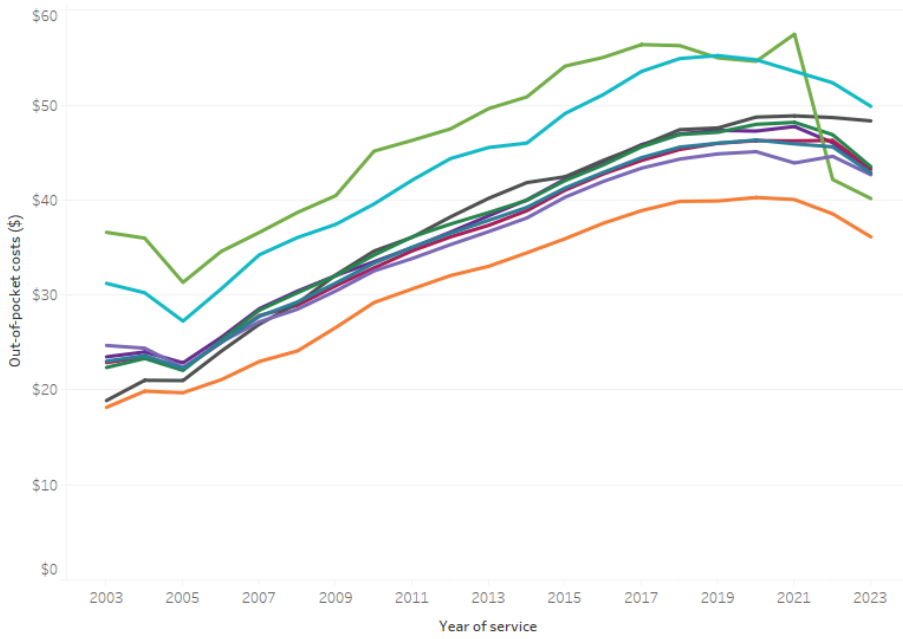
Figure 7: Average out-of-pocket costs for GP attendances for states and territories, by age group, 2003 to 2023

The annual average out-of-pocket cost per GP attendance in New South Wales changed from \$25 in 2003 to \$43 in 2023, from \$23 to \$43 in Victoria, from \$22 to \$44 in Queensland, from \$23 to \$43 in Western Australia, from \$18 to \$36 in South Australia, from \$19 to \$48 in Tasmania, from \$31 to \$50 in ACT and from \$37 to \$40 in Northern Territory. All costs have been adjusted for inflation.

Annual/monthly data: Month Year

Display: Out-of-pocket costs by state

Display: Out-of-pocket costs per service (inflation adjusted prices)



State/territory

- Australia
- Australian Capital Territory
- New South Wales
- Northern Territory
- Queensland
- South Australia
- Tasmania
- Victoria
- Western Australia

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care. <http://www.aihw.gov.au/>

Patterns in out-of-pocket costs for GP attendances by socioeconomic area

Information about relative economic and social circumstances of people and households within a geographic area are summarised in this report by [ABS Index of Relative Socio-economic Disadvantage - external site opens in new window](#) (IRSD) Socio-Economic Indexes for Areas (SEIFA) indices. IRSD SEIFA measures relative disadvantage and is summarised as quintiles (1 indicating a lower socioeconomic area, 5 a higher socioeconomic area) in this report.

For more detail, see [Technical notes](#).

Out-of-pocket costs for non-bulk billed GP attendances increased steadily over time in all socioeconomic areas (Figure 8). Since 2003, people living in the lowest socioeconomic areas (SEIFA quintile 1) consistently paid a lower amount in out-of-pocket costs than people living in higher socioeconomic areas. Between 2003 and 2023, the higher the socioeconomic area a person lives in, the higher the average out-of-pocket costs they incur for a non-bulk billed GP attendance.

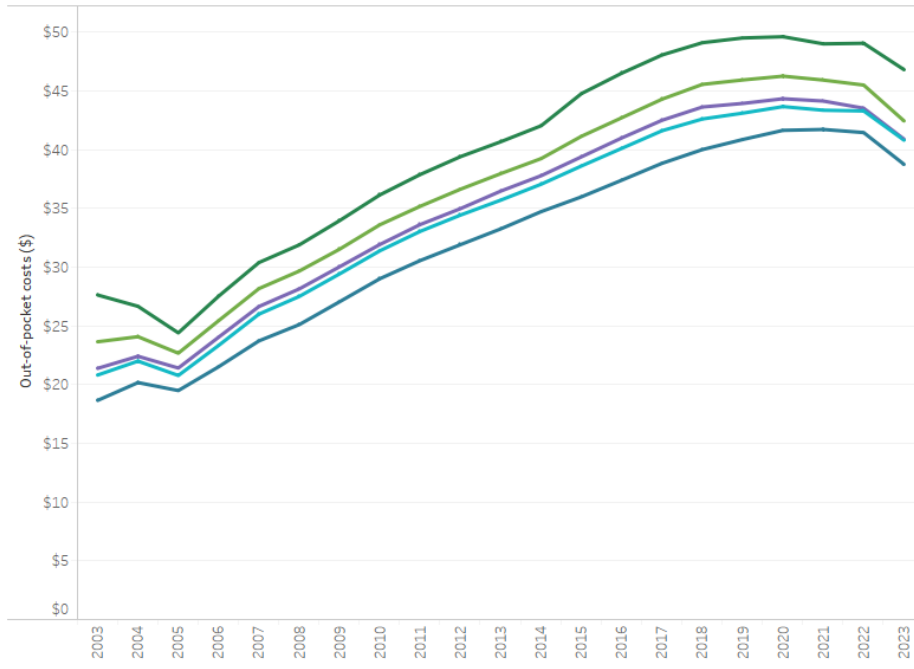
- In 2020 and 2021, the average out-of-pocket costs for a GP attendance peaked at \$42 (adjusted for inflation) for people living in the lowest socioeconomic areas (SEIFA quintile 1). In 2023, the average out-of-pocket cost had slightly reduced to \$39 for a GP attendance.
- For people living in the higher socioeconomic areas (SEIFA quintile 5), the average out-of-pocket cost for a GP attendance peaked between 2019 and 2020 when it reached \$50 (adjusted for inflation). In 2023, similar to other socio-economic areas, the average out-of-pocket cost slightly reduced to \$47.

Figure 8: Average out-of-pocket costs for GP attendances by socioeconomic area for states and territories, 2003 to 2023

The annual average out-of-pocket cost per service in the lowest socioeconomic areas, SEIFA quintile 1, changed from \$19 in 2003 to \$39 in 2023, from \$21 to \$41 in SEIFA quintile 2, from \$21 to \$41 in SEIFA quintile 3, from \$24 to \$42 in SEIFA quintile 4 and from \$28 to \$47 in SEIFA quintile 5, the highest socioeconomic areas. All costs have been adjusted for inflation.

State
 Australian out-of-pocket costs by SEIFA quintile

Display
 ● Out-of-pocket costs per service (inflation adjusted prices)
 ○ Out-of-pocket costs per service (actual prices)



SEIFA Quintile:
 ■ 1 (lowest socioeconomic areas) ■ 4
 ■ 2 ■ 5 (highest socioeconomic areas)
 ■ 3

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care.
<http://www.aihw.gov.au/>

Patterns in out-of-pocket costs for GP attendances by remoteness

Information about remoteness is summarised in this report by [Australian Statistical Geography Standard \(ASGS\) for Remoteness Areas \(RA\) - external site opens in new window](#).

For more detail, see [Technical notes](#).

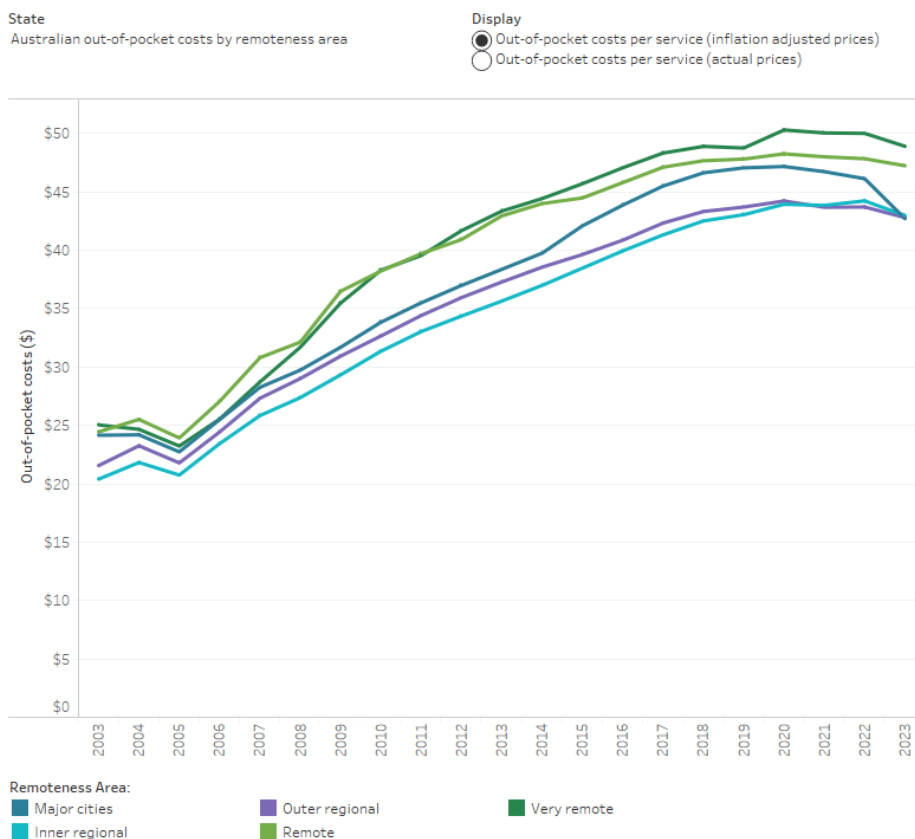
Average out-of-pocket costs were higher for people paying for a non-bulk billed GP attendance in more remote areas (*Remote and very remote*) compared to *Major cities* and regional (*Inner and outer regional*) areas for most of the period between 2003 and 2023 (Figure 9).

In 2023:

- People in *Very remote* areas paid an average out-of-pocket cost of \$49 for GP attendances. They paid similar out-of-pocket costs of \$49–\$50 (adjusted for inflation) between 2018 and 2022.
- People paid an average out-of-pocket cost of \$43 for a GP attendance in *Major cities*, compared with the highest cost of \$47 between 2018 and 2021 (having adjusted for inflation).

Figure 9: Average out-of-pocket costs for GP attendances by remoteness for states and territories, 2003 to 2023

The annual average out-of-pocket cost per service in *Major cities* changed from \$24 in 2003 to \$43 in 2023, from \$20 to \$43 in *Inner regional* areas, from \$22 to \$43 in *Outer regional* areas, from \$24 to \$47 in *Remote* areas and from \$25 to \$49 in *Very remote* areas. All costs have been adjusted for inflation.



Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care.
<http://www.aihw.gov.au/>

LGAs with 10 highest and lowest out-of-pocket costs for GP attendances 2019–2023

Local Government Areas with 10 highest and lowest out-of-pocket costs for GP attendances between 2019 and 2023

Across the 5 years, the 10 Local Government Areas (LGAs, see [Technical notes](#) for details) with the highest average out-of-pocket costs for a non-bulk billed GP attendance were mainly in New South Wales, Queensland, Western Australia and the Northern Territory (Figure 10). All socioeconomic areas were represented in the 10 highest average out-of-pocket costs, reflecting the socioeconomic diversity within some LGAs. The lowest socioeconomic (SEIFA quintile 1) and highest socioeconomic (quintile 5) areas occurred frequently in the highest 10 results. Murweh – a lower socioeconomic (quintile 2) area and a *Very remote* area in Queensland – was in the highest 10 list throughout the whole period.

The 10 LGAs with the lowest average out-of-pocket costs for GP attendances were mostly located in South Australia, followed by New South Wales. All socioeconomic areas were represented in the lowest 10 out-of-pocket costs, with the lowest socioeconomic (quintile 1) areas being more frequent than other socioeconomic areas. Salisbury – located in the lowest socioeconomic (quintile 1) area and in *Major cities* in South Australia – remained in the lowest 10 list for the 5 successive years.

Figure 10: Highest and lowest 10 average out-of-pocket costs for GP attendances for LGAs across states and territories, inflation adjusted prices, 2019 to 2023

Richmond LGA in Queensland had the highest annual average out-of-pocket cost per service of all LGAs in 2023 with a cost of \$61 in 2023. Salisbury LGA in South Australia had the lowest annual average out-of-pocket cost per service of all LGAs in 2023 with a cost of \$26.

Rank	2019	2020	2021	2022	2023
1	Wyndham-East Kimberley	Murweh	Richmond	Woorabinda	Richmond
2	Murweh	Wyndham-East Kimberley	Murweh	Warren	Bogan
3	Halls Creek	Flinders (Qld)	Darwin Waterfront Precinct	Sandstone	Woollahra
4	Stonnington	Brewarrina	Belyuen	Upper Gascoyne	Cobar
5	Woollahra	Diamantina	Tiwi Islands	Murweh	Murweh
6	Coomalie	Woollahra	West Daly	Bogan	Port Hedland
7	Litchfield	Stonnington	Wagait	Barcaldine	Coonamble
8	Christmas Island	Upper Gascoyne	Barcaldine	Quilpie	Lachlan
9	Darwin	Litchfield	Victoria Daly	Woollahra	Stonnington
10	Darwin Waterfront Precinct	Halls Creek	Darwin	Cobar	Barcaldine

States/territories

■ New South Wales	■ Western Australia	■ Australian Capital Territory
■ Victoria	■ South Australia	■ Northern Territory
■ Queensland	■ Tasmania	

Source: AIHW analysis of MBS data maintained by the Australian Government Department of Health and Aged Care. Unincorporated LGAs are excluded, except Unincorporated ACT, which is the whole of the ACT. Suppressed LGAs are excluded.
<http://www.aihw.gov.au/>

Technical notes

This report is a companion to the [Medicare GP bulk billing dashboard](#) and includes additional information on average out-of-pocket costs incurred by patients for a GP attendance. For more information on bulk billing rates for GP attendances, refer to the [Medicare GP bulk billing dashboard technical notes](#).

The data used in this report was extracted by the AIHW from the Medicare claim records data in the Australian Government Department of Health and Aged Care's Enterprise Data Warehouse on 19 November 2024. The data presented in this report relates to services provided between February 1984 and October 2024.

Bulk billing incentives

Bulk billing incentive (BBI) payments, which were introduced into the MBS on 1 February 2004, are payable to health practitioners when the following conditions are all met – the service is:

- bulk billed
- an unreferral service
- provided outside of a hospital
- provided to a patient who is aged under 16 or who holds a Commonwealth concession card.

BBI payments are not captured with the service to which the item relates. BBIs for unreferral GP attendances (and other unreferral services) are captured in the MBS Category 8 Miscellaneous services, Group M1 Management of bulk billed services. (Note, there are also BBIs for unreferral diagnostic imaging and pathology, however these are not in Group M1).

Unreferral services

An unreferral service is a service where a referral is not required for a person to be able to access the service.

Structure of the MBS

The MBS is a hierarchical structure, with each item contained within a Category, Group, and in some cases, a Subgroup.

Since the commencement of the [triple BBI payments - external site opens in new window](#) on 1 November 2023, the total number of BBI items claimed for all BBIs (standard and triple BBIs) in Group M1 increased from 77.5 million in November 2022–October 2023 to 82.3 million in November 2023–October 2024, an increase of 6.2%. Over the same period, the amount of benefits paid increased from \$611.0 million to \$1.7 billion (185%).

The AIHW will develop an estimation method to associate BBI items in Group M1 with the service item to which they relate. The AIHW intends to report measures on BBIs for GP attendances in a future release of the [Medicare GP bulk billing dashboard](#).

Deflator

A deflator is used to derive constant price estimates – dollar amounts for different years that are adjusted to reflect the prices in a chosen base year. This allows spending over time to be compared on an equal dollar-for-dollar basis without the distorting effects of inflation. The comparison will reflect only the changes in the amount of goods and services purchased – changes in the 'buying power' – not the changes in prices of these goods and services caused by inflation.

The base year used in this report is the latest calendar year 2023. As such, constant price estimates indicate what spending would have been had the 2023 price been applied in the previous years. Therefore, any reported change in spending is a measure of changes in the volume of goods and services purchased, and not the cost of the goods and services.

The AIHW uses deflators where the scope matches the particular health services being analysed, rather than general deflators covering all health services. Most are specific to the type of spending to which they are applied. For medical services in this report, the MBS medical services fees charged deflator is used and is derived by the AIHW.

Geographic areas

All areas are based on patient location (instead of GP practice location). Patients may access GP attendances outside areas where they live. GP bulk billing rates and average out-of-pocket costs may not reflect the charging practices of GPs who practice in the same area as the patients live.

Local Government Areas

LGAs cover legally designated parts of a state or territory, for which incorporated local governing bodies have responsibility. The LGAs presented in this report are ABS LGAs which are ABS approximations of official local government boundaries as defined by each state and territory. ABS approximations of administrative boundaries do not match legal boundaries and are used for statistical purposes only.

There are 547 LGAs in this release, covering the whole of Australia without gaps or overlaps. These LGAs included unincorporated areas which are areas in some states and territories not administered by incorporated bodies. An LGA can be abolished, created, or changed significantly in boundary. The LGA boundaries in this release have been applied historically for all years for comparison purposes.

Postcodes

Statistics are based on the location of the patient, not the location of the provider. Patients may travel outside their LGA to receive services. LGAs show where people live rather than where people access their services and may not reflect the practices of the providers who provide their services in those LGAs.

The MBS enrolment postcode at the time of the claim being processed is used as a proxy for the patient residence. An enrolment postcode is a mail delivery postcode and this may differ from some patients' residential address. Some postcodes that only represent Post Office boxes and not residential areas (for example: General Post Offices or mail delivery centres), have not been allocated to an LGA as they are not a good indicator of where the patient lives. However, they have been included in state/territory and Australian totals. Likewise, enrolment postcodes that cannot be allocated to an area, are included in the Australian total only.

Some patients change enrolment postcode during a month. In compiling statistics for the month, MBS records are allocated to a patient's major enrolment postcode in each month based on the largest number of services, before being aggregated to monthly statistics. The same approach applies to compiling annual statistics.

An ABS correspondence is used to proportionately allocate postcode level data to LGA. The population distribution within any postcode (within an LGA or across more than one LGA) reflects that as of the 2021 Census.

During the late 1980s, Northern Territory postcodes moved from the range of 5750–5799 to their current range of 800–899. These previous postcodes are not present in the latest postal area to LGA correspondence, consequently statistics are unavailable at the LGA level for early periods for most Northern Territory LGAs.

Caution should be exercised when interpreting LGA statistics in the Northern Territory. These statistics are under-represented because of a high proportion of Northern Territory residents enrolled in the MBS using Post Office box addresses. Unless the Post Office box postcodes are the same as residential postcodes, the non-residential postcodes are not assigned to an LGA, but have been included in the Northern Territory and Australian totals.

Socio-Economic Indexes for Areas

The [Index of Relative Socio-economic Disadvantage - external site opens in new window](#) (IRSD) is one of 4 Socio-Economic Indexes for Areas (SEIFA) developed by the Australian Bureau of Statistics (ABS) (ABS 2023). The IRSD represents the socioeconomic position of Australian communities by measuring aspects of disadvantage, such as low income, low educational attainment, high unemployment, and jobs in relatively unskilled occupations. Areas are ranked according to their level of disadvantage.

In this report, socioeconomic areas are based on the IRSD. People living in the 20% of areas with the greatest overall level of disadvantage are described as living in the 'lowest socioeconomic areas' (quintile 1). The 20% of areas at the other end of the scale – those living in areas with the least overall level of disadvantage – are described as living in the 'highest socioeconomic areas' (quintile 5).

It is important to note that the IRSD reflects the overall or average socioeconomic position of the population of an area; it does not show how individuals living in the same socioeconomic area might differ from each other in their own socioeconomic positions.

Australian Statistical Geographical Standard for Remoteness Areas

Remoteness for areas in this report have been defined by the [Australian Statistical Geography Standard \(ASGS\) Remoteness Structure - external site opens in new window](#) (ABS 2021). This structure allows areas that share common characteristics of remoteness to be classified into broad geographic regions of Australia. These remoteness areas are characterised by their relative geographic access to services:

- *Major cities*
- *Inner regional*
- *Outer regional*
- *Remote*
- *Very remote.*

The ABS website includes [detailed information on the ASGS - external site opens in new window](#), including the key changes made between each edition.

Measures used in the report

The measures used in this report are calculated on a monthly or yearly basis. Monthly statistics are influenced by the number of working days from month to month.

Bulk billing is when the GP (with the patient's agreement) accepts the patient's Medicare rebate as full payment for the service. The GP bulk billing rate (%) for a given time interval (monthly, annually) is defined as:

Number of GP attendances (for all services) in the time interval which were bulk billed / Number of total GP attendances (for all services) in the time interval x 100.

The average out-of-pocket costs (\$) that patients paid for GP attendances (non-hospital services) when they were not bulk billed for a given time interval is defined as:

Total out-of-pocket cost to patients for non-bulk billed GP attendances (non-hospital) in the time interval / Number of non-bulk billed GP attendances (non-hospital) in the time interval.

GP attendances used in the calculation of bulk billing rate are for all services, while those used in calculating the out-of-pocket costs are for non-hospital services. Furthermore, the out-of-pocket costs calculation included those GP attendances where patients were charged the same amount as the rebate, which resulted in zero out-of-pocket costs to the patient. This is consistent with reporting of [Medicare statistics - external site opens in new window](#).

Statistics in this report are based on the date the GP attendance was provided. It is possible for service volumes to change between releases of statistics due to the late lodgement of claims and adjustments to claims. The last 3 months of statistics are considered to be preliminary as they are incomplete and subject to revision due to claims still being submitted to Services Australia for processing and payment.

Medicare

[Medicare - external site opens in new window](#) is Australia's universal health insurance scheme. It provides free or subsidised access to services provided by doctors and certain other medical practitioners for all Australians (and some overseas visitors). The services covered by Medicare are contained in the [Medicare Benefits Schedule \(MBS\) - external site opens in new window](#).

The [MBS - external site opens in new window](#) is a listing of all of the medical services subsidised by the Australian Government, to provide patients with financial assistance towards their healthcare costs. It also sets out the 'schedule fee' for each service to determine the amount of the patient rebate.

The schedule fee is a fee-for-service set by the Government and may differ from the GP's actual fee, which they are free to determine. If the GP chooses to accept a fee equal to the Medicare benefit, the patient can assign the benefit from the Government to the practitioner as full payment of that fee. When this is offered to a patient, it is referred to as 'bulk billing'. Alternatively, if the GP charges a fee that is higher than the benefit, the gap between the fee and the Medicare benefit is paid by the consumer as an 'out-of-pocket' cost.

Medicare benefits are claimable only for services provided by an appropriate health practitioner and which are listed on the MBS.

Scope of MBS statistics

MBS statistics only include services for which an MBS benefit was paid. They do not include services:


- provided by hospital doctors to public patients
- provided under the Department of Veterans' Affairs National Treatment Account
- covered by third party or workers' compensation
- delivered to repatriation beneficiaries or defence personnel
- delivered for insurance or employment purposes
- that are funded directly by other Australian Government programs (such as health screening services)
- funded directly by State/Territory Government programs.

References

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ABS (2023) *Socio-Economic Indexes for Areas (SEIFA), Australia, 2021* - external site opens in new window, ABS, accessed 19 August 2024.


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Parliamentary Library (2017)  *Budget Review 2017-18* [PDF 2.5MB] - external site opens in new window, Department of Parliamentary Services website, accessed 30 September 2024.



Notes

Amendment

13 December 2024 – Addition to figures 8 (GP out-of-pocket costs by socioeconomic area) and 9 (GP out-of-pocket costs by remoteness) to include a state/territory breakdown. This is to mirror figures 3 (GP bulk billing rates by state/territory and socioeconomic area) and 4 (GP bulk billing rates by state/territory and remoteness).





Data

Data tables: Medicare bulk billing rates and average out-of-pocket costs for GP attendances

Data

Data on the proportion of GP attendances that Medicare subsidises the attendance fees completely, and the average out-of-pocket costs for a non-bulk billed GP attendance. The data includes national data and disaggregated data such as by state and territory, by LGA, by socioeconomic and remoteness area.

XLSX 850kB





Related material

Resources

Medicare bulk billing of GP attendances: monthly data

Resource

Medicare Benefits Scheme funded services: monthly data

Resource

Medicare funding of General Practitioner services over time

Resource

General practice, allied health and other primary care services

Resource

Related topics

- [Health & welfare expenditure](#)
 - [Health care quality & performance](#)
 - [Medicare](#)
 - [Primary health care](#)
-