

Medicare bulk billing of GP attendances: monthly data

Web report | Last updated: 26 May 2026 | Topic: [Medicare](#)

About

Bulk billing of health services has been part of Medicare since its inception in 1984. Bulk billed services are provided free of charge to patients. This report presents monthly data on the bulk billing rates of general practitioner (GP) attendances – the proportion of GP attendances that are bulk billed, as well as Medicare benefits paid for bulk billed GP attendances (including bulk billing incentive items introduced in 2004).

Data in this report is updated quarterly.

Cat. no: HWE 97

Key findings

- [The rate of bulk billed GP attendances peaked in April 2020 at the start of the COVID-19 pandemic](#)
- [People living in lower socioeconomic areas typically have a higher bulk billing rate for GP attendances](#)
- [People aged 0–15 or 65+ years are more likely to be bulk billed for GP attendances, than people aged 16–64 years](#)
- [Patterns in the GP bulk billing rate vary considerably across Local Government Areas](#)

Dashboard

This dashboard presents monthly data on 2 measures:

1. Medicare bulk billing rates of GP attendances (referred to as the GP bulk billing rate) from 1984 up to the most recently published quarter. The data shows what proportion of GP attendances were directly billed to Medicare.
2. Benefits (including bulk billing incentives) funded through Medicare for bulk billed GP attendances.

The data are presented on a monthly basis, with the ability to display data at national, state/territory or Local Government Area (LGA) level, and by socioeconomic areas and age groups.

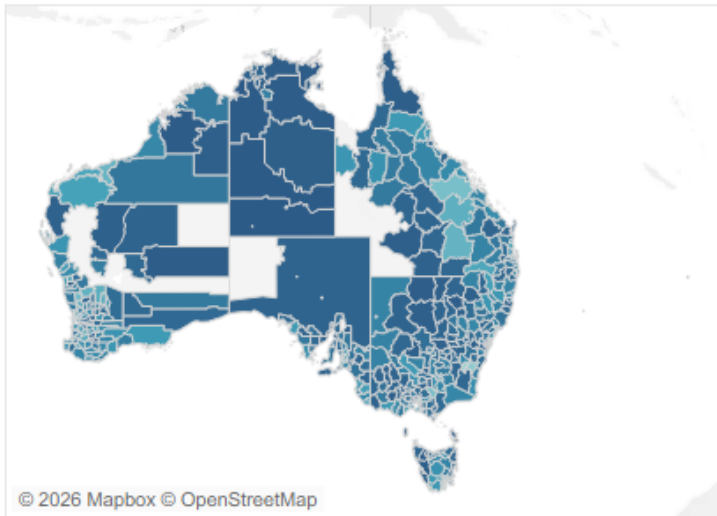
Notes:

1. The statistics reported in this dashboard are not the official Medicare Bulk Billing statistics as reported by the [Australian Government Department of Health, Disability and Ageing](#).
2. Note that reported figures between this dashboard and the Department of Health, Disability and Ageing's Medicare statistics may differ slightly:
 1. The Department of Health, Disability and Ageing's Medicare statistics are based on the date the service was processed by Services Australia.
 2. Statistics in this dashboard are based on the date the service (GP attendance) was delivered.
 3. These differences may result in minor variations between the 2 reported bulk billing rates.
3. The second measure in the dashboard is reporting only on benefits funded through Medicare for bulk billed GP attendances, including [bulk billing incentives](#). The measure does not include any incentive payments funded under the [Bulk Billing Practice Incentive Program](#).
4. Within this dashboard, various policy changes have been identified. These are not intended to be a comprehensive review of all policy changes related to Medicare subsidised GP attendances.

Medicare bulk-billing of GP attendances - dashboard

Select State/Territory:
Australia

Select an LGA:
All



Select years

- Last 5 years
- Last 10 years
- All years

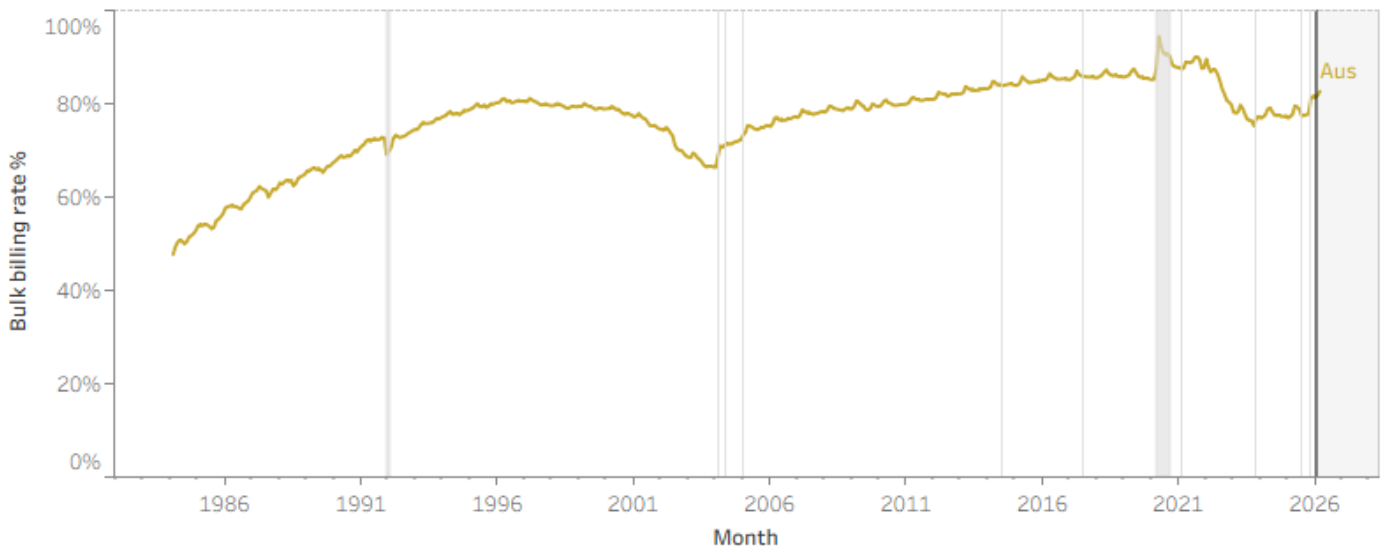
Select measures

- Monthly data
- Rolling 3 months
- Rolling 12 months

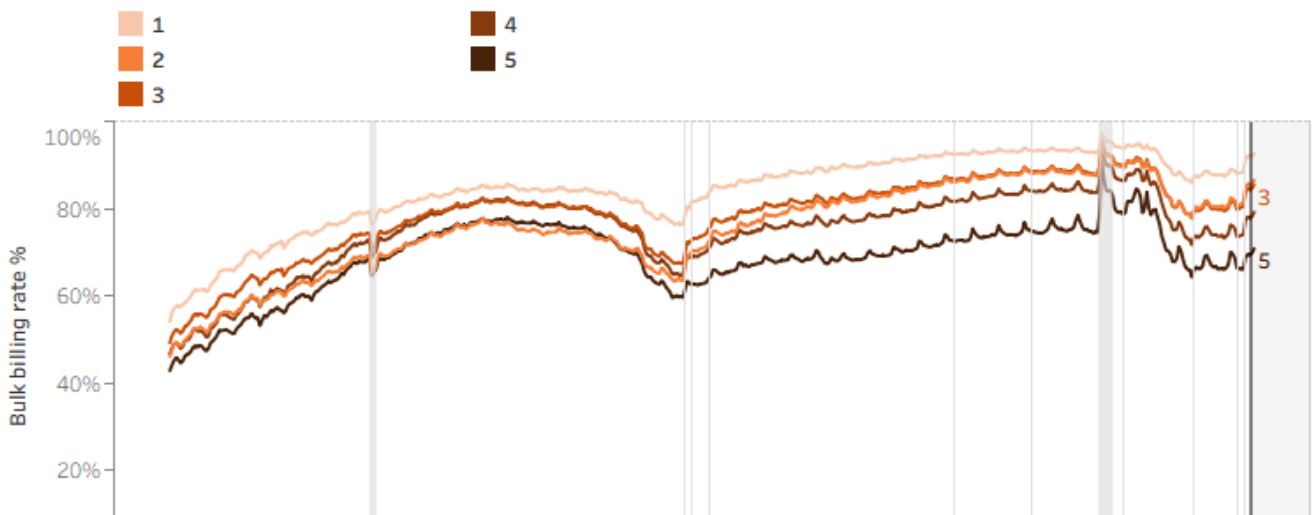
Show policy changes

- Yes
- No

GP attendances (i) Aus



Bulk billing rate for Australia by SEIFA quintile (i)



Extended description for Medicare bulk billing of GP attendances – dashboard

The dashboard displays 4 charts for monthly GP bulk billing rates and bulk billed benefits.

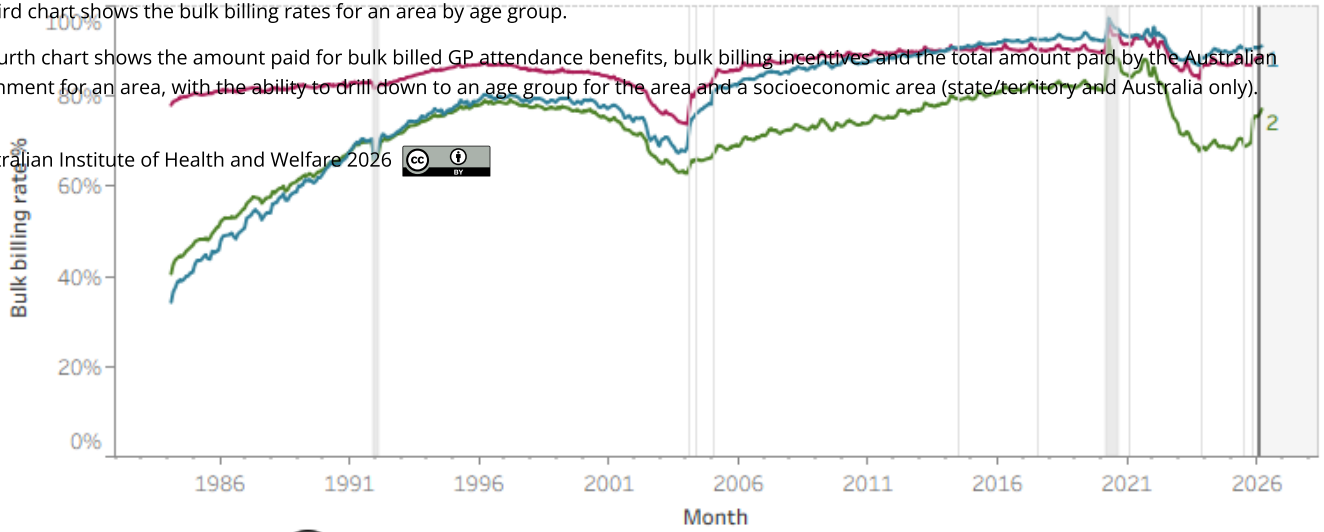
The first chart shows the bulk billing rate for an area with the ability to compare an LGA trend to its state/territory and national trends.

The second chart shows the bulk billing rate for an area (territory) of Australia by socioeconomic area. When an LGA is selected, the chart compares the overall quintile of the LGA to the same quintile of its state/territory and Australia.

The third chart shows the bulk billing rates for an area by age group.

The fourth chart shows the amount paid for bulk billed GP attendance benefits, bulk billing incentives and the total amount paid by the Australian Government for an area, with the ability to drill down to an age group for the area and a socioeconomic area (state/territory and Australia only).

© Australian Institute of Health and Welfare 2026



Bulk billed benefits

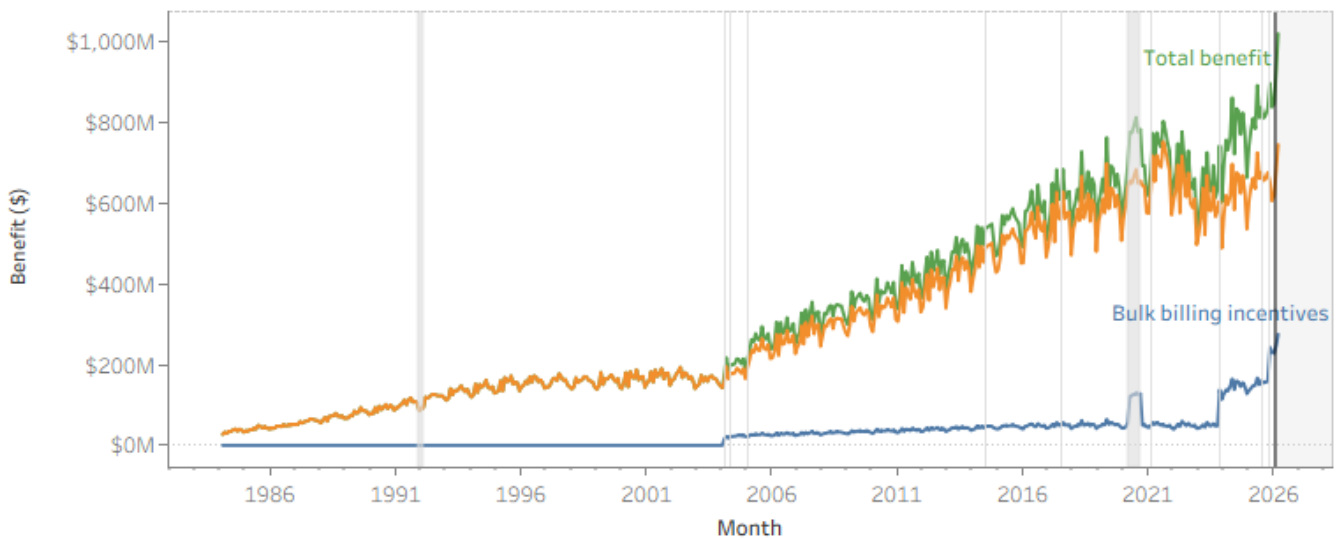


All patients

Bulk billing incentives

GP attendances

Total benefit



Technical notes

These notes aid to assist in interpreting the dashboard presenting the bulk billing rates of GP attendances and also the amount of benefits and bulk billing incentives paid for bulk billed GP attendances.

The Medicare Benefits Schedule (MBS) has changed over time, particularly as new service types have been added and new medical interventions have been developed. In 1984, there were 45 GP attendance items listed on the MBS. Since then, the number of GP attendance items has increased, attributed to new items being added to the MBS, including GP telehealth (video conference and telephone) items. As at 1 July 2025, there were approximately 350 GP attendance items.

The current GP attendances include services such as:

- standard GP attendances
- urgent and after-hours GP attendances
- GP chronic condition management plans and GP mental health treatment plans
- health assessments.

The dashboard has the functionality to show the key Medicare policy events that have impacted on the bulk billing rates of GP attendances, benefits for bulk billed attendances and incentive items over time. The identified policy changes are not intended to be a comprehensive review of all policy changes related to Medicare subsidised GP attendances.

Medicare

Medicare is Australia's universal health insurance scheme. It helps Australians with the costs of their health care. Australians can access free or subsidised services, including GP and specialist attendances, pathology tests, imaging scans, surgeries and some allied health services.

Medicare claims data

Medicare claims data only includes services listed on the MBS, for which a Medicare benefit was paid. The data does 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
- provided to repatriation beneficiaries or defence personnel
- provided for insurance or employment purposes
- funded directly by other Australian Government programs (such as health screening services)
- funded directly by State/Territory Government programs.

Bulk billing

Bulk billing means a Medicare-eligible patient does not have to pay for their medical service from a health professional. Instead, Medicare covers the entire cost and pays the health professional directly.

If a GP bulk bills their services, then Medicare pays the cost straight to them (that is, they accept the MBS benefit as full payment) and the patient does not pay anything. However, if a GP charges more than the MBS benefit for their service, then the patient must pay the difference.

Bulk billing incentives

Bulk billing incentives are additional MBS payments made when a GP bulk bills an eligible patient for an eligible service. Bulk billing incentive items were first listed on the MBS on 1 February 2004 to provide an incentive to GPs to bulk bill their patients. GPs received an incentive payment on top of the Medicare benefit when they bulk billed GP attendances for patients who were under 16 years of age or possessed a Commonwealth concession card.

From 1 November 2025, eligibility for the bulk billing incentive items was expanded to all Medicare-eligible patients. Bulk billing incentives are now able to be claimed by treating GPs when a Medicare-eligible patient is bulk billed for an eligible service. Note, these incentives are distinct from those covered through the Bulk Billing Practice Incentive Program.

Bulk Billing Practice Incentive Program

The Bulk Billing Practice Incentive Program is an Australian Government initiative introduced on 1 November 2025 to support general practices to provide bulk billed care. Under this program, participating general practices that bulk bill all eligible Medicare services for every Medicare-eligible patient, can receive an additional 12.5% payment (shared equally between the practice and the GP). This payment is in addition to the Medicare benefit and bulk billing incentives. Note, the dashboard does not include any incentive payments funded under the Bulk Billing Practice Incentive Program.

Dashboard data

Data in this dashboard was extracted by the AIHW from the Medicare claims data in the Department of Health, Disability and Ageing's Enterprise Data Warehouse.

The dashboard presents monthly data on the bulk billing rates of GP attendances and bulk billed benefits, calculated as:

Bulk billing rate

The number of bulk billed GP attendances divided by total GP attendances.

Bulk billed benefit

The total Medicare benefit paid for bulk billed GP attendances and bulk billing incentive items.

The bulk billing rates can be compared between:

- an LGA, its state/territory and Australia
- socioeconomic areas (quintile 1–quintile 5) within a state/territory or Australia
- an LGA, the same quintile as the LGA from its state/territory and Australia
- age groups (0–15, 16–64, 65 and over) for an area.

The bulk billed benefits are broken down to show the amount of benefit paid for bulk billed GP attendances and the incentive items related to the GP attendances. These benefits can be compared for:

- an age group and a socioeconomic area in a state/territory and Australia
- an age group in an LGA.

Bulk billing statistics (GP bulk billing rates and bulk billed benefits) are based on the location of the patient, not the location of the GP. Patients may travel outside their LGA to receive GP attendances. LGAs show where people live rather than where people access GP attendances and may not reflect the bulk billing practices of the GPs in the LGA of residence of the patients.

Bulk billing statistics are reported using date of service to reflect the period in which a GP attendance was provided. It is possible that the statistics may change between releases due to the late lodgement of claims and adjustments to claims. The last 3 months of data are considered as preliminary because they are incomplete and subject to revision as claims for Medicare benefits are still being submitted to Services Australia for processing and payment.

Bulk billing statistics are reported as they are, and as rolling statistics of 3 months or 12 months (the month in question and the previous 2 months; or the month in question and the previous 11 months) to smooth seasonal variations and the timing of public holidays. GP attendances (bulk billed and total) and bulk billed benefits are the totals over 3 months or 12 months. Monthly data is influenced by the number of working days from month to month.

Australia map

The map on the dashboard shows the latest published month of GP bulk billing rates for all LGAs. LGAs are displayed with continuous shades of colour. Darker colour indicates higher bulk billing rates while lighter colour indicates lower bulk billing rates. The overall quintile and remoteness of an LGA are also accessible through the map.

The map can be used to select an LGA as an alternative to using the filter for LGA selection.

Bulk billing incentive items

Bulk billing incentives, 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 unREFERRED service
- provided outside of hospital
- provided to a patient who is aged under 16 or who holds a Commonwealth concession card.
 - This eligibility requirement was removed on 1 November 2025.
 - Bulk billing incentives for unREFERRED GP attendances are now available to all Medicare-eligible persons when the eligible service is bulk billed.

As bulk billing incentives are not captured with the service to which the incentive item relates, they must first be matched with a relevant GP attendance item and then calculated.

Bulk billing incentives for unREFERRED GP attendances (and other unREFERRED services) are captured in the MBS Category 8 Miscellaneous services, Group M1 Management of bulk billed services.

Group M1 comprises 3 subgroups:

- Subgroup 1 Management of general bulk billed services
- Subgroup 2 General support service
- Subgroup 3 Patients enrolled in [MyMedicare](#).

Subgroup 1 contains the original bulk billing incentive items that were introduced on 1 February 2004. The [triple bulk billing incentive items](#) introduced for certain GP attendances on 1 November 2023, are in subgroups 2 and 3.

To estimate the bulk billing incentives that are associated with the bulk billed GP attendances, the number of claimed incentive items are first attributed to those attendances. The amount of the total incentive paid is then calculated from all matched incentives. The following details the matching logic used to allocate bulk billing incentives in Group M1 with the GP attendances to which they relate.

Incentive dataset

For Group M1, incentive counts and benefit amounts for bulk billing incentive items claimed were aggregated by:

- patient
- provider
- date of service
- subgroup.

Service dataset

Bulk billed GP attendances provided out-of-hospital were extracted and service counts were then aggregated by:

- patient

- provider
- date of service.

Allocation of incentive counts to GP attendances

Step 1:

As bulk billing incentive items in subgroups 2 and 3 of Group M1 are specific for GP attendances, these items were first matched (by patient, provider and date) with GP attendances in the service dataset.

Once these incentives have been matched, incentive items in Subgroup 1 can match remaining GP attendances (if there are any).

If a match could not be found in the service dataset, the incentive count was ignored for that combination of patient, provider and date.

Step 2:

If the count of incentives was equal to or more than the count of services, then the number of incentives allocated is the number of GP attendance services.

If the count of incentives was less than the count of GP attendance services, then the number of incentives allocated is the number of incentives claimed for that combination of patient, provider and date.

Table: Calculation of incentive count for GP attendances

Count of incentives	Number of incentives attributed to GP attendances
Incentive count >= number of GP attendances	GP attendance count
Incentive count < number of GP attendances	Incentive count

More incentive items than services

In most cases this is due to incentive items being claimed for services other than GP attendances. As this publication only relates to GP attendances, these incentive items are ignored.

More services than incentive items

This can occur when a provider claims fewer incentive items than the number of services they bulk billed. The provider might be unaware they were eligible to claim an incentive item for all services they billed.

Allocation of incentive benefits to GP attendances

The amount of incentive benefits relating to GP attendances is then obtained from the benefits paid for the incentives which were matched with GP attendances.

Local Government Areas

LGAs cover legally designated parts of a state or territory, for which incorporated local governing bodies have responsibility. The LGAs presented on the dashboard are Australian Bureau of Statistics (ABS) LGAs which are 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 include unincorporated areas which are areas not administered by incorporated bodies in some states and territories. The Australian Capital Territory is one unincorporated LGA. An LGA can be abolished, changed significantly in boundary or created. The LGAs in this release have been applied historically for all years for comparison purposes, through the latest concordance from postcode 2021 to LGA 2021.

LGAs can be altered at any time. Concordances are available for mapping LGAs in one year to the next year across years. This mapping process has not been applied to obtain the most current LGAs as a daisy chain of mapping magnifies any errors present in the concordances.

Socioeconomic areas

The [Index of Relative Socio-economic Disadvantage \(IRSD\)](#) is one of 4 Socio-Economic Indexes for Areas (SEIFA) developed by the 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 then ranked according to their level of disadvantage.

On the dashboard, people living in the 20% of areas with the greatest overall level of disadvantage are described as living in the 'lowest socioeconomic areas'. 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'.

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 area might differ from each other in their socioeconomic position.

The socioeconomic area of an LGA is derived using the concordance from LGA 2021 to IRSD 2021. Ranking of LGAs across Australia is converted into quintiles. The quintile that an LGA landed on is the socioeconomic area of the LGA. IRSD only measures relative disadvantage and is summarised as quintiles (1 to 5) in this report. A low IRSD score indicates an area of greater disadvantage, while a higher score an area with less disadvantage. The relative socioeconomic disadvantage reflects that as at Census 2021.

Moreover, for socioeconomic areas within a state/territory and Australia, ranking of postcodes across Australia from the postcode 2021 to IRSD 2021 concordance is used and postcode range is used for assignment of postcodes to states and territories. The relative socioeconomic disadvantage reflects that as at Census 2021.

Remoteness areas

LGAs have been classified according to their remoteness as defined by the [Australian Statistical Geography Standard \(ASGS\) Remoteness Structure](#) (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.*

Remoteness of an LGA is determined by the remoteness area with the highest percentage of population of the LGA from the concordance of LGA 2021 to remoteness area 2021. The population distribution within any LGA reflects that as of Census 2021.

Postcodes

The Medicare 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 the bulk billing statistics for the month, Medicare claim records are allocated to a patient's major enrolment postcode in each month based on the largest number of GP attendances, before being aggregated to monthly data.

A concordance is used to proportionally 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 concordance, consequently bulk billing statistics are unavailable at the LGA level for early periods for most Northern Territory LGAs.

Caution should be exercised when interpreting LGA data in the Northern Territory. This data is under-represented because of a high proportion of Northern Territory residents enrolled in Medicare 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 total.

References

ABS (Australian Bureau of Statistics) (2021), [Remoteness Structure: Australian Statistical Geography Standard \(ASGS\) Edition 3](#), ABS Website, accessed 30 July 2024.

ABS (2023), [Socio-Economic Indexes for Areas \(SEIFA\), Australia, 2021](#), ABS Website, accessed 30 July 2024.

Suppression of data

Suppression has been applied to protect individual confidentiality in areas, where GP attendances are delivered or heavily dominated by a few GPs or delivered to a few patients.

The month of interest for an area is suppressed for volatility if there are fewer than 50 GP attendances. In these cases, the chart is displayed with gaps.

Where 30% or more of the months are suppressed in a chart, then the entire trend has been omitted. In some cases, only 1 or 2 age groups are present on a chart. None of the charts are shown if an LGA is completely suppressed.

Data

Monthly data on:

- the proportion of GP attendances that are bulk billed
- the total benefit for bulk billed GP attendances (including related incentive items).

The data is displayed for Australia, by state and territory, and by LGA, with disaggregation by socioeconomic area and by age group within an area.

Bulk billing statistics in this release may vary from future releases due to processing of late claims, updates to and cancellations of claims.

Data tables: Medicare bulk billing rates and bulk billed benefits for GP attendances

Data

XLSX 64MB

Related material

Resources

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

Resource

A companion report to the GP bulk billing dashboard that provides a summary of bulk billing rates for GP attendances and contains supplementary information on average out-of-pocket costs for a GP attendance.

Medicare Benefits Scheme funded services: monthly data

Resource

Monthly data on the proportion of MBS rebates over fees charged by service providers, and the volume of MBS services per person.

Other websites

For more information on Medicare, including information about what is and is not covered, how to enrol in Medicare, Medicare safety nets and how to make a claim, visit:

- [Department of Health, Disability and Ageing](#)
- [Services Australia](#).

For more information on Medicare statistics, visit:

- [Medicare statistics collection - Australian Government Department of Health, Disability and Ageing](#)
- [Medicare statistics - Services Australia](#).

Related topics

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