Dr Gunjeet Minhas 432350GH
Dr Jason Ray 221194HB
Dr Jacqueline Evans 236301TH

drminhas.com.au
brisbanepainmedicine.com

Patient Fees & Medicare Rebates – Information Sheet

Welcome to Brisbane Pain Medicine

Your fees depend on who is paying for your care: you (private/self-funded), the Department of Veterans' Affairs (DVA), or a third-party insurer such as CTP or WorkCover. This sheet sets out our fees for each, explains how Medicare rebates work, and lists what to bring, so your account is processed correctly. Please read it before your first appointment and ask our reception team if anything is unclear.

Fees and rebates in this sheet are a guide only and may change. Please confirm your costs with your doctor before your appointment. It is vital that you participate in financial and clinical consent processes.

Consultation fees

Fees are set by who pays for your care. Private patients pay the full fee on the day and claim part back from Medicare; DVA and approved third-party claims are billed directly.

Private / self-funded patients (Medicare card holders)

Appointment	Appt Type	Medicare item	Our fee	Medicare rebate (85%)	Your out-of-pocket cost
New patient consultation	Face to face	2801	$545	$155.85	$389.15
New patient consultation	Video	92751	$545	$155.85	$389.15
Complex new patient assessment and management plan (45 min or more)	Face to face	132	$545 – $750	$272.50	$272.50 – $477.50
Complex new patient assessment and management plan (45 min or more)	Video	92422	$545 – $750	$272.50	$272.50 – $477.50
Review	Face to face	2806	$295	$77.95	$217.05

Appointment	Appt Type	Medicare item	Our fee	Medicare rebate (85%)	Your out-of-pocket cost
consultation					
Review consultation	Video	92752	$295	$77.95	$217.05
Review consultation	Phone	92754	$295	$44.45	$250.55

New patient appointments cannot be done by phone and refunded by MBS at the same rates as a video or face-to-face. If the video is not possible on the day, please let our team know this. Reviews can be face to face, video, or phone.

Fees shown are a guide. For complex appointments, a higher fee of up to $750 may apply depending on the length of the appointment or if it is held outside normal hours; Dr. Minhas will discuss this with you beforehand.

DVA patients (Veteran Gold Card, or White Card for an accepted condition)

Appointment	Medicare item	Fee	Your out-of-pocket cost
New patient consultation (complex assessment and management plan)	132	Billed directly to DVA	Nil
Review consultation	2806	Billed directly to DVA	Nil

Third-party insurance (CTP motor vehicle claims and WorkCover / Workers' Compensation)

Appointment	Item	WorkCover Queensland fee	Who pays	Your out-of-pocket cost
New patient – complex assessment and management plan	132	$747	Your insurer, once the claim is approved	Nil if approved
New patient – standard (occasionally used)	2801	$428	Your insurer	Nil if approved
New patient – video	92751	$350	Your insurer	Nil if approved
Review – face to face	2806	$198	Your insurer	Nil if approved
Review – video	92752	$175	Your insurer	Nil if approved

Appointment	Item	WorkCover Queensland fee	Who pays	Your out-of-pocket cost
Review – phone	92440	$175	Your insurer	Nil if approved
Extended review	133	$373	Your insurer	Nil if approved
Reports and case conferences requested by the insurer	–	See WorkCover Supplementary Fees Schedule	Your insurer	Nil

Fees shown are the WorkCover Queensland medical fees schedule. CTP insurers may pay different rates.

Medicare rebates are the Medicare Benefits Schedule amounts from 1 July 2026 (MBS Online). Third-party claims cannot be billed to Medicare; if your claim is declined or not yet approved, private fees apply.

Understanding your Medicare rebate

Medicare pays back part of our fee, not all of it. The rebate is 85% of the Government Schedule Fee for each item; the difference between our fee and the rebate is your "gap" or out-of-pocket cost.

You need a valid referral to claim. Without one, Medicare pays nothing for a specialist visit.

- A GP referral is valid for 12 months (or longer, or indefinitely, if your GP writes that in the letter).
- A referral from another specialist is valid for 3 months.
- Please bring your referral or ask your GP to send it to us before your first visit. Let us know when it is due to expire so you can get a new one in time.

The item numbers we use

Item 2801 – New patient consultation (rebate $155.85). Your first appointment with the pain specialist for your condition. It covers a full review of your pain history, previous treatments, medications, scans and an examination, and a report back to your referring doctor.

Item 2806 – Review consultation (rebate $77.95). Each follow-up visit after the first, for the same condition, within the same course of treatment. Reviews are used to check how treatment is working, adjust medications, and plan the next steps.

Item 132 – Complex assessment and management plan (rebate $272.50). Used in place of item 2801 for patients with complex needs: at least two significant health conditions, for example chronic pain alongside rehabilitation needs, mental health concerns, or problems across several body systems. Medicare requires that this appointment:

1. Lasts at least 45 minutes including the time spent for investigations, reaching out to your clinician, entering your data, history taking, note taking, letter writing, examination, seeking out investigations, undertaking consent forms and thoroughly discussing the plan with you and other health care providers;
2. Includes a comprehensive history (including your social situation and a full medication review), a detailed examination and a list of possible diagnoses;

3. Produces a written treatment and management plan, sent to your referring doctor, covering diagnosis, treatment options, medication advice, rehabilitation and referrals to other health professionals.

Item 132 can only be claimed once every 12 months with the same doctor, and not on the same day as another consultation. Your doctor decides which item applies based on your needs at the appointment.

Fees for complex appointments can vary. Because complex assessments differ in length and detail, in some cases a higher fee of up to $750 may apply, for example, for a longer appointment or one held outside normal hours. Dr. Minhas will always discuss this with you before your appointment, so there are no surprises.

Video appointments

Where a video consultation is clinically suitable, Medicare has equivalent video items (92751 for a new patient, 92752 for a review, 92422 for a complex assessment). Rebates follow the same rules, and a valid referral is still required. Please ask reception about our fee for video appointments.

How to claim

- Pay the full fee at your appointment, but we would prefer it if the fees were paid prior.
- If your bank details are registered with Medicare, we can lodge the claim for you at reception and the rebate is paid straight into your account.
- You can also claim yourself through the Medicare app, myGov, or a Services Australia service centre.

Medicare Safety Net

Once your out-of-pocket costs for out-of-hospital medical services reach the yearly threshold, Medicare pays a higher rebate for the rest of the calendar year. Families can combine costs but must register as a family with Medicare. See Services Australia – Medicare Safety Net for current thresholds.

Private health insurance does not cover consultations in rooms; it may help with hospital or day-surgery procedures. Please check with your fund.

Item numbers by appointment type

The item number depends on who is paying and whether you see the doctor face to face, by video or by phone. Face-to-face and video appointments attract a higher Medicare rebate than phone reviews, so we will explain your options and costs when booking.

Private patients (Medicare)

Appointment	Face to face	Video	Phone
New patient	2801 (rebate $155.85)	92751 (rebate $155.85)	Not available
Complex new patient assessment and management plan	132 (rebate $272.50)	92422 (rebate $272.50)	Not available
Review	2806 (rebate $77.95)	92752 (rebate $77.95)	92754 (rebate $44.45)
Extended review, if your doctor recommends one	133 (rebate $136.45)	92423	Not available

A phone review returns about $33 less from Medicare than a video or face-to-face review, so video is the better choice if you cannot attend in person.

Third-party patients (WorkCover Queensland, DVA, CTP)

Appointment	Face to face	Video	Phone
New patient	132 (occasionally 2801)	92751	Not available
Review (first and later reviews)	2806	92752	92440
Extended review, if your doctor recommends one	133	92423	Not available

Face-to-face appointments are preferred so you can take a full part in your assessment and treatment planning. DVA consultations are billed under DVA's own fee schedule.

DVA patients

If DVA covers your treatment, we bill DVA directly and you pay nothing for your consultation.

- **Veteran Gold Card:** covers all your health conditions.
- **Veteran White Card:** covers only conditions DVA has accepted, plus some conditions such as mental health and cancer. If your pain condition is not covered, private fees apply.
- Bring your DVA card to every appointment, along with a valid referral from your GP or another specialist.
- If you are unsure whether your condition is covered, call DVA on 1800 VETERAN (1800 838 372) before your appointment.

CTP and WorkCover (Workers' Compensation) claims

We bill your insurer directly only when your claim has been accepted, and the insurer has approved your appointment. Medicare cannot be used for an injury covered by a CTP or WorkCover claim.

Before your first appointment, please give us:

- your claim number and the date of injury;
- the insurer's name, plus your case manager's name, phone and email;
- written approval from the insurer for the consultation (and for any procedure);
- a referral from your GP or treating doctor.

If your claim is still being assessed, declined, or later closed, you will need to pay our private fee on the day. You may be able to seek reimbursement from the insurer once the claim is accepted. Please tell us straight away if your claim status or case manager changes.

Payment, cancellations and contact

- **Payment:** private fees are due on the day. We accept direct bank transfer, eftpos, pre-payment.
- **Cancellations:** please give at least [24/48] hours' notice. A fee may apply to missed appointments or late cancellations; this cannot be claimed from Medicare, DVA or your insurer.
- **Procedures:** fees for injections and other procedures are quoted separately, and we will give you a written estimate before booking.
- **Fee changes:** fees are reviewed each year, usually when Medicare rebates change on 1 July.

Pre-payment: Before your appointment, we will send you a secure pre-payment link by SMS or email. Please complete payment using the link before your appointment so it can go ahead as booked. If you have any trouble with the link, call reception on 0494 507 580.

Please note: fees, Medicare rebates, item numbers and insurer rates can change, and the amounts in this sheet are a guide only. Your actual cost depends on the type and length of your appointment and who is paying for your care. Please confirm your costs with your doctor or our reception team before your appointment.

Brisbane Pain Medicine: Specialist Suites, Herston Private Hospital, 7 Wren St, Bowen Hills QLD 4006
Phone: 0494 507 580

Sources

- MBS Online – Item 2801
- MBS Online – Item 2806
- MBS Online – Item 132