



# Yellow Gum

## PSYCHOLOGY

### Client Information: Medicare Referrals and Mental Health Care Plans

If you have a valid referral from your GP, psychiatrist or paediatrician, you will be entitled to Medicare rebates for up to 10 individual appointments with a mental health clinician in a year.

The steps for accessing rebates through the Better Access (Medicare) program are:

- 1. Visit your GP (or psychiatrist or paediatrician) for a referral**  
When you book in with your GP, it is best to ask for a longer appointment – 20 minutes or more. They will usually ask you a few questions, set some goals with you and fill in a GP Mental Health Care Plan before referring you for mental health treatment. You can ask your GP refer you to a particular clinician, or the GP might be able to suggest someone. You can be referred for up to 6 sessions at a time, depending on what the GP recommends.
- 2. Find a clinician**  
Psychologists, occupational therapists and social workers are eligible to be registered with Medicare for this program. Check with the clinician if they are registered.
- 3. Intake phone call**  
At Yellow Gum Psychology, we prefer to have a quick phone call with new clients so we can let you know about the clinic, and check if it seems like we are a good fit for what you need. This should take 10-15 minutes. Different clinics may do things a different way.
- 4. Give the referral letter to the clinic before your appointment**  
Your GP may give you the referral letter, or they may send it to the clinic directly. It is a good idea to give the clinic a copy of the referral *before* your first appointment so they can check, as you may not be able to get a rebate if the referral is not valid or not complete.
- 5. Attend your first appointment with your clinician**  
Your clinician will explain how the service works and make sure you agree with this. This is called informed consent. Then they will ask you some questions to ensure they understand you, your concerns and difficulties as well as your strengths and interests. They will make a plan or set some goals with you for your treatment.

Your clinician will keep your GP informed on your progress and help you keep track of when you may need to return to your GP for a new referral.

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### Frequently Asked Questions

#### **What do the new “usual GP” / My Medicare requirements mean?**

New requirements (from 1 November 2025) state that only your “usual GP” or clinic can prepare a Mental Health Care Plan. You can choose any GP/clinic as your “usual GP”, and can change this choice at any time. There is no formal process for registering your choice, just let your new “usual GP” know.

If you want to, you can also choose a separate GP/clinic for your mental health only, separate to the GP/clinic you use for other health care and concerns.

#### **What if my GP refers me to a particular clinic, but I end up going somewhere else?**

You are always allowed to make your own choices about your health care, and can choose who you would prefer to see. You can use a referral with any registered clinician, even if your GP wrote it to a different clinician or clinic. However, check with your clinician as this may depend on their clinic's policies.

#### **What if I want to (or have to) change clinicians?**

You are able to change clinicians at any time. Medicare will provide you with a rebate for a maximum of 10 sessions per year, which may include some sessions with one clinician and some with another clinician.

#### **How do I know how many sessions I have already used?**

If you are unsure, you can check this using your MyGov account. Sign in to your MyGov account and click through to Medicare. Under the ‘History and statements’ tab, click on ‘Medicare claims history’. This will show you all of your processed claims and dates. The session cap is calculated by calendar year, so count the claims from 1 January in the current year.