



Anaesthetic Handbook
Fees, Terms and Conditions

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GENERAL SCOPE OF AMG

Thank you for your interest in AMG, a private Anaesthetic Group practice. AMG runs efficiently and cost-effectively and provides all practice administration including but not limited to, facilitating comprehensive patient billing, collection services, Informed Financial Consent of patients and liaison with Medicare, DVA, Work Cover and private health funds. AMG maintains a comprehensive register of all Providers availability and undertakes the coordination of the Anaesthetist's professional diary.

AMG have developed a strong reputation amongst surgeons for facilitating reliable anaesthetic services. When a surgeon's rooms contact our trained staff to source an Anaesthetist, bookings are made based on the surgeon's preference, the Anaesthetist's availability and preferred specialty. Anaesthetists are encouraged to keep our staff informed as to their availability to maximise ad-hoc or emergency bookings.

AMG Providers are also required to be appropriately registered and must provide the Group Administrator a Certificate of Currency from their relevant medical defence insurer.

ACCREDITATION FOR CLINICAL PRIVILEGES

It is each member's responsibility to gain hospital accreditation. Accreditation with private hospitals is compulsory. In accordance with each hospital's by-laws, doctors are required to have their accreditation for clinical privileges current before presenting to surgery.

MEMBER COMMUNICATIONS

Rapid and reliable communications between AMG Administrators and each Member is crucial. AMG primarily communicates via SMS, What's App and email (please advise your preference), to allow clear tracking of when messages are sent and received. All Providers are required to provide and maintain their own mobile telephones with a voicemail and/or messaging service. Providers are requested to respond to an SMS as promptly as possible as it is often imperative that we reply to urgent requests from surgeons' rooms within 10-15 minutes.

In some instances an SMS will be broadcast to a number of Providers where our *First Confirmed Response Policy* applies. If a Member is in theatre and scrubbed, theatre staff are generally willing to contact us on your behalf.

SPECIFIC TERMS AND CONDITIONS

- AMG and its agents are authorised by its Providers to contact health fund providers, patients, referring doctors, hospitals, and any other party deemed necessary by AMG, to obtain the information required to perform the medical billing and booking functions on the Providers' behalf. Please complete the attached *Third Party Contact Authority Form*.
- Providers must maintain valid and sufficient Medical Indemnity Insurance that is enforceable within the States and/or Territories of Australia in which they practice. Providers undertake to fully indemnify AMG and its staff and agents against any and all legal or civil claims in relation to the delivery of services to their patients.

It is the responsibility of the Member to immediately advise AMG of any cancellation or restriction placed on any hospital accreditations or by AHPRA.

- Surgeons from time to time will request to work regularly with a particular Member. In this instance, dates in our booking diary will be set aside and the surgeon will continue to confirm arrangements through AMG until such time as standing arrangements are cancelled either by the surgeon or the AMG Anaesthetist. A permanent list allocation incurs a once off 'finders fee' as outlined in the Schedule of Fees and Payment Terms
- In the event that the AMG and Member Agreement ceases, AMG will continue to provide support for the accounts currently on file for up to 45 days beyond the communicated termination date.
- In the event that a Member terminates the services of AMG, we will provide a copy of all financial and clinical data in PDF format within 30 days of a written request from the Member and upon receipt of any and all outstanding monies.

CENTRAL ADMINISTRATION

Providers must provide a **AMG Pay Group Linked Provider Number** to avoid payment notifications being sent to various hospital locations and delaying timely receipt. Please ensure that the AMG post office box is the primary address for postal correspondence.

AMG collects payments into the central trust account to ensure that the health funds and third parties have correctly remitted payment. Transfers to your nominated account are conducted weekly on the reconciled funds while keeping track of any outstanding accounts for follow up. Familiar payment methods include credit card facilities which ensure convenient options for prompt patient payment. AMG also accept cheque payments from patients by post. Cheques are deposited into the bank account nominated by the individual Member.

PATIENT ACCOUNTS AND INFORMED FINANCIAL CONSENT

AMG processes all billing for its Providers and can provide detailed Informed Financial Consent (IFC) to patients to minimise payment issues.

Providers are required to provide accurate information regarding the procedure and this is currently facilitated by using the **Patient Billing Report (PBR)** pro-forma. The pro-forma includes the fields for the information required to complete the patient account accurately and **must include start and finish times**. This is critical when providing a second service to a patient on the same day (e.g. giving an epidural which ends up being a caesarean). The hospital sticker must be on the PBR in order to obtain Patient demographics along with their Medicare and Health Fund details.

Patient Details (or Hospital Sticker)		Additional Billing Details	
PLACE HOSPITAL STICKER HERE (Please ensure Medicare & Health Fund details are on sticker)		Surgeon:	
		Hospital:	
		Surgery Date:	
		Procedure:	
		Start Time	Finish Time
ASA Modifier	Emergency Case <input type="checkbox"/> In Hours <input type="checkbox"/> After Hours	Pre Op Consult	Anaesthetic Item Number
Extra	Extra	Extra	Extra
<input type="checkbox"/> Private <input type="checkbox"/> No Gap <input type="checkbox"/> Known Gap <input type="checkbox"/> Schedule Fee <input type="checkbox"/> Bulk Bill <input type="checkbox"/> Cosmetic <input type="checkbox"/> DVA <input type="checkbox"/> WorkCover			

If preferred, Providers can submit via fax or email. This information will be entered by the billing staff and processed within 3-5 days of receipt, subject to the information being correct and complete. When faxing or emailing multiple PBRs Providers are asked to number them sequentially to ensure we receive all sheets (i.e. 1 of 5, 2 of 5 etc....).

AMG Staff will:

- process all billing received from the Member within 5 days of receipt, subject to the information being correct and complete;
- Determine claims payable to the Member by third party insurers (e.g. DVA, Medicare, private health funds);
- Follow up all unpaid claims by third parties until paid or AMG is notified that the claim is not payable;
- determine outstanding monies owed by patients and third parties to the Member;
- arrange for Electronic Funds Transfers payable to the Member to be processed in accordance with requirements of the Member nominated bank; and Member nominated bank account every Monday and on the last day of each month. In the case that any of these days is not a business day, cheques will be deposited by 5:00pm on the next business day.

The Member agrees:

- to provide billing information in the form from time to time required by AMG;

- g) to nominate a bank account or accounts into which payments due to the Member in relation to the receipts will be paid;
- h) to notify AMG if a payment is received directly, such as a Medicare cheque or other third party payment sent to the Member by a patient, so that AMG can reconcile the payment on its system and cease following up the claim;
- i) to provide AMG with all relevant Medicare provider numbers and confirm that the provider numbers the User provides to AMG will not be used by any other person or entity.

*Please remember that when you are completing a PBR you **must** provide accurate and complete information. Failure to do so can result in inaccurate billing leading to unnecessary additional charges if a patient needs to be re-billed:*

- If a patient is under Work Cover, Providers must advise the Claim Number and Work Cover/third party name as indicated on the operation report.
- If there are any unusual details, please record them as other relevant information on the PBR.
- **Please** don't forget the item numbers. It is a legal requirement that the provider determine the item which best reflects the service provided. We can provide guidance based on experience, however Providers must determine and document what is deemed to be correct at the time of service. AMG administrators are unable to process accounts without item numbers.

AMG staff will prepare patient invoices within 3-5 days once your PBR is received. Ideally, PBRs submitted in bulk via fax or email should be received no later than 7 days after the procedure. (*Billing Reports received 90 days or more post-surgery will only be issued as Gap Cover or Schedule fee.*)

PATIENT FEES – COLLECTION PROCESS

When billing the patient directly, AMG is vigilant about bad debtors.

Our invoicing and debt collection process is as follows:

- The invoice is issued to the patient on 14 day terms.
- A 'reminder' statement is sent 14 days after the due date.
- If no response is received we send out a '7-Day Notice to Pay' statement
- A 'Final Notice' statement is then sent at 45 days after the due date. This 'Final Notice' statement clearly states that the account will be sent to a debt collector if it is not paid immediately and that failure to pay will potentially impact their financial credit rating.
- If no response has been received 14 days after the 'Final Notice' statement has been sent, the Accounts Manager will contact the Anaesthetist to discuss further options for collection.

BILLING POLICIES AND GUIDELINES

PRIVATE BILLING

Common practice is to allow 14-30 days for patients to make payments. AMG Staff will approve extended trading terms on instruction from a Member when a patient is experiencing financial difficulties. Grossly overdue accounts that have not been successfully collected by AMG will be discussed with the Member for further instruction.

NO GAP/KNOWN GAP BILLING

The decision to bill on a Gap-Cover basis is one for each individual Anaesthetist to make and can be applied either universally or on a case by case basis. Faster payments from Medicare, DVA & participating health funds is facilitated through ECLIPSE electronic online billing integration. A **cheat sheet is provided on the following page** with regards to No Gap and Known Gap funds.

It is important to note the following:

1. Charging an out of pocket fee greater than that prescribed by the health fund (even by \$1) will result in the patient receiving ONLY the Medicare Schedule Fee rather than the health funds schedule. Please refer to the 'Cheat Sheet' for the Known Gap cap figures for each fund.
2. NIB DO NOT participate in the 'Known Gap' scheme. There are only two available options with regards to billing NIB patients and that is to No Gap or charge the patient directly. Charging NIB their schedule and sending a co-payment to the patient is against NIB's Terms & Conditions. By registering as a No Gap provider with NIB, you accept their terms and conditions which also include the right for NIB to inspect the Providers accounts in relation to a member claim with 2 business days' notice.
3. Non-compliance with a health funds terms and conditions can expose a provider to an audit resulting in having to repay funds and being deregistered as a participating Gap Scheme Provider with the fund.

KNOWN GAP/NO GAP READY RECKONER

Health Fund Name	Maximum Known Gap	Per Item Number or Per Account
ACA Health Benefits Fund	\$400	Per item #
Australian Health Management	\$500	Per Account
Australian Unity Health Limited	\$400	Per item #
BUPA Australia	\$500	Per Account
CBHS Health Fund Limited	\$400	Per item #
CDH Benefits Fund	No Maximum	
Central West Health Cover (underwritten by Healthguard)	\$400	Per item #
CUA Health Limited	\$400	Per item #
Defence Health	\$400	Per item #
Fit Health Insurance (GMHBA)	No Maximum	
Frank Health Insurance (GMHBA)	No Maximum	
GMF Health (by HBF Health)	\$400	Per item #
GMHBA	No Maximum	
Grand United Corporate	\$400	Per item #
Health Care Insurance Limited	\$400	Per item #
Health.com.au	\$400	Per item #
Health Insurance Fund of Australia Limited	\$400	Per item #
Health Partners	\$400	Per item #
Latrobe Health Services	No Maximum	
Medibank Private	\$500	Per Account
Navy Health Limited	\$400	Per item #
NIB	No Gap Fund Only	
Onemedifund	\$400	Per item #
Peoplecare Health Insurance	\$400	Per item #
Phonenix Health Fund Limited	\$400	Per item #
Police Health Limited	\$400	Per item #
Queensland Country Health Fund Ltd	\$400	Per item #
Reserve Bank Health Society Limited	\$400	Per item #
St Luke's Health	No Maximum	
rt health fund	\$400	Per item #
Teachers Health Fund	\$400	Per item #
Teachers Union Health	\$400	Per item #
The Doctors' Health Fund	\$400	Per item #
Transport Health	\$400	Per item #
Westfund	\$400	Per item #

AMG MEMBER: SCHEDULE OF FEES

AMG MEMBER SET-UP

Set-up - Medicare, Health Funds and Third Parties with a AMG provider number	No charge
Set-up of banking account details for direct payments to trust account	No charge
Provision of AMG branded Billing Sheets	No charge
Access to SMS broadcasts for list availability	No charge

INDIVIDUAL AMG MEMBER OUTGOINGS

AMG GROUP PRIVATE PRACTICE BILLING <ul style="list-style-type: none"> - Preparation and distribution of billing for patients, health funds and other payees - Collection and banking of funds received to the trust account for debtor reconciliation - Transfer to individual member's nominated bank account/s less service & merchant fees (if applicable) - Provision of quarterly reporting on billing for account and GST reconciliation by Providers - Telephone / email assistance with billing enquiries or exceptions - AMG 1300 number - AMG practice administration email address only 	5% of Gross Billings Patients pay merchant surcharges subject to average annual merchant fee (e.g. Visa 1%)
PERMANENT LIST COMMISSION <ul style="list-style-type: none"> - One-off 'Permanent List' Finder's fee or Conversion fee 	20% of first day's list revenue
Complimentary Access to the AMG Online 'Box' for financial reports.	

OPTIONAL SERVICES

MOBILE DEVICE - INFORMED FINANCIAL CONSENT <ul style="list-style-type: none"> - Registered user of AMG Branded mobile IFC 	\$1.00 per submission
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ALL FEES QUOTED ARE EXCLUSIVE OF GST

PAYMENT TERMS

Payment of AMG monthly invoices which consist of the Practice Support Services. Payment can ONLY be facilitated via a pre-authorised automatic payment. Invoices will be issued within the first 7 days following the end of calendar month and payments will be deducted automatically on the 14th day of the month. This is facilitated via our Westpac Pay Way merchant facility from your nominated bank account or Credit Card. A 1.5% Merchant fee applies for payments made by Visa or MasterCard. No fees apply to direct-debit deductions from a savings or cheque account. Rejected payments will be subject to a \$27.50 manual processing fee.

PRIVACY

AMG undertakes to take all due care with any information which you may provide to us when transmitting information to us. However we do not warrant and cannot ensure the security of any information which you may provide to us. Information you transmit to us is entirely at your own risk although we undertake to take reasonable steps to preserve such information in a secure manner.

Our compliance with privacy legislation is set out in our separate *Privacy Policy* which is available on the AMG web site www.amgservices.com.au

AMG CONTACT INFORMATION AND KEY REPRESENTATIVES

Phone: 1300 765 591

Fax: (07) 3319 7245

Web: www.amgservices.com.au

Email: office@amgservices.com.au

Postal Address:

PO Box 1340

NORTH LAKES QLD 4509

Street Address

Suite 501A, Level 1

Westfield Office Suites

1 North Lakes Drive

North Lakes Q 4509

Deana Scott

Managing Director

Melissa Toussaint

Finance Officer

Julie May

Group Coordinator

ANAESTHETIST REGISTRATION FORM

Practitioner Details	
Full Name:	
Qualifications:	Date of Birth:
Specialty/Special Interests:	Medical Registration Number:
Postal Address:	Home Address:

Contact Details:	
Home:	
Mobile:	
Email address:	
Preferred primary contact method:	Email <input type="checkbox"/> SMS to Mobile <input type="checkbox"/>

Practitioner Finance Details:	
Registered Entity Name:	
ABN or ACN:	GST Reporting : Cash <input type="checkbox"/> Accruals <input type="checkbox"/>
Bank Name:	BSB Number:
Account Name:	Account Number:

Anaesthetist Provider Number (s)	Location

Currently Accredited at the Following Hospital/Day Surgery Facilities:

Availability For Lists (i.e. roster, specific lists not available for):

MEMBER POLICIES AND PROCEDURES IN RELATION TO BILLING

RVG Unit Value: \$ _____

Discount Policies:

Pensioner: YES NO
Health Care card YES NO

Do you wish to be a 'Known Gap' provider YES NO
Do you wish to be a 'No Gap' provider YES NO

Cosmetic Rates: (e.g. each procedure is billed at one rate): _____/HR

Do you do Surgery Connect Cases? YES NO

Comments:

AMG Marketing options

Business Cards	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$280 + GST
Mobile IFC	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$1.00 PER SUBMISSION
Name/Image on website	<input type="checkbox"/> YES <input type="checkbox"/> NO	

PROVIDER ACCEPTANCE

Please **initial each page** then sign and witness below to indicate that that you have read the AMG Member Information & Registration Pack and agree to the terms and conditions as stated herein. You also agree to forward copies of your CV, Medical Registration & Medical Indemnity to **AMG** prior to services commencing.

Name of Member

Signature of Member

On this day: _____ of _____, 20____ and in the presence of:

Name of Witness*

Signature of Witness

for and on behalf of:

Medical Billing Australia (MBA) Pty Ltd

(ABN 34 119 037 955)

Administrator for AMG Anaesthesia

Signature of Group Manager

To fast-track your registration, please Fax or Email the completed form to: (07)33197245 or email to office@amgservices.com.au

Then post original to: AMG Anaesthetics
PO Box 1340
NORTH LAKES Q 4509

THIRD PARTY AUTHORISATION FORM

I, Dr. _____ (MRN: _____),

Do hereby authorise the Principals, employees and legal representatives of AMG Anaesthesia and Medical Billing Australia Pty Ltd to act on my behalf and in my best interests in matters relating to my professional practice as an Anaesthetist.

As a general Member of AMG, I intend that this authorisation continue until such time as I am no longer a Member of AMG. I make this authorisation with the intent that it be enacted for the purposes of professional liaison with various individuals and organisations such as: health funds, Anaesthetists, patients, referring doctors, hospitals, and any other party deemed necessary by AMG, to relay and/or obtain the information necessary to perform my medical practice administration including billing and booking functions on my behalf.

Yours sincerely,

Signature:

Name: _____

Date: _____