



# Establish Practice Support

## Practical Support for Healthcare Practices

# Medical Reception

# Introduction

# to General Practice

This is an introductory guide for medical receptionist in general practice. It is aimed at giving you an understanding of some of the terms that you will hear every day.

We wish you well with your new role 😊

# What does a medical receptionist do?

Medical receptionists are, quite literally, the face of the practice and essential to its smooth operation. You work closely with doctors, nurses and admin/management to provide care for patients. Your job is important!

What do you actually do? Well, most likely in the job advert you successfully applied for (congratulations on that by the way) there was a bit in there about 'multitasking', 'busy practice', 'strong organisational skills' and 'excellent communication skills'

You need all of those for:

- Patient contact, phone or face to face
- Confirm/update patient details
- Book, reschedule appointments
- Check patients in
- Deal with urgent appointment requests, walk ins
- Answering general queries
- Fulfil doctor requests such as calling patients
- Stay calm and deal with occasional difficult patient behaviours
- Take messages
- Process accounts
- Process payments
- Fix mistakes
- Scan documents
- Manage emails/electronic faxes
- Triage calls using practice protocols
- Liaise with specialists, allied health, hospital, third parties and service providers
- Use practice management software including online booking software
- Import/export files
- General admin duties as required
- Open and close practice
- Restock/order supplies
- Maintain confidentiality
- Maintain security including computer security
- Follow policy and procedure
- WHS
- Staff meetings and training

This is why you are such an important part of the team and why you need to remember you are a professional. What you do helps to support our clinical staff to look after patients. Again, what you do is important!

# Who's who and what do they do?

There can be a big team looking after the practice and the patients. Your practice will certainly have doctors and medical receptionists but there are plenty of others that may be involved.

## Doctors

You all know what a doctor is but do you realise that they don't just see patients? There is an enormous amount of additional work that needs to be done including results follow up, referrals sent, insurance reports done, recalls and reminders and then there are the consultation notes to do, maybe scripts to write. Doctors have a huge workload outside of consulting, we try and make it as easy as possible for them.

## Registrars

Registrars are fully qualified doctors who are now specialising in general practice under supervision from one or more of the GPs in the practice.

## Practice Nurse

Practice nurses help support the doctor to look after patients. They might be registered nurses (RN) or enrolled nurses (EN) and will generally work in a treatment room where their responsibilities will include assisting with immunisations and procedures as well as the administration management of infection control, vaccines, ordering, chronic disease management, patient education, recalls and reminders and triage.

## Practice Manager (PM)

The practice manager is the person who works with the rest of the team, including working closely with the directors or practice owners, to run the practice. Every PM job is different but yours might be in charge of human resources, financial management, risk management, information tech, systems and processes, business planning, operational management, governance and practice accreditation. Basically, with the help of the team your PM runs the practice.

Your practice may have team leaders or office managers or the PM might have a 2IC.

## Diabetes Educator

A diabetic educator is a nurse (RN) who has done further training in diabetes management. They will work with patients with diabetes to help improve their health outcomes.

## Nurse Practitioner

A nurse (RN) with additional training who have some prescribing and other clinical responsibilities.

## Medical Assistant

Someone who has a Cert IV in medical practice assisting and supports clinical staff.

## Medical or Nursing Students

Students do placements in general practice. They may sit in on consultations with clinical staff or help with some of the admin.

## Pathology

Many practices have pathology co-located. The pathology company usually leases the room and is a completely stand alone business. There may also be a path collector come into the clinic to pick up any tests or histology (skin lesions) that were done at the clinic.

## Medicare and billing

### Medicare (Services Australia)

You may know Medicare from the patient side, either being bulk billed or getting a rebate back into your account but from the practice side there's a bit more involved!

### MBS Medicare Benefits Schedule and Item Numbers

Doctors and other health professionals use Medicare item numbers to identify and differentiate between the types of consultations and procedures for patients that Medicare will rebate patients for. For example, an Item 23 is a standard consultation and an Item 36 is a longer consultation. To understand what Medicare item numbers are appropriate for use there is a list of medical services and the rebates available, the MBS, which gives explanations of the criteria for each of the items and how much Medicare will refund the patient. Medicare rebates cover part of the cost of the consultation or procedure but the doctor has the right to charge what they think is fair and reasonable in a private billing clinic.

MBS online, [mbsonline.gov.au](http://mbsonline.gov.au), has a searchable function to check item numbers and to work out what item number should be charged, for example in the case of a lesion removal, which may have a number of possible items.

### How Billing Works

If a patient is paying for the account they pay the full amount, you click on a key or two through your practice management system software and it magically goes off to Medicare and then the rebate, or refund, is deposited by Medicare into the patient's bank account, usually within 24 hours. Sometimes, depending on your software, it might be instantly.

If the patient is being bulk billed, the doctor accepts the Medicare rebate as full payment of the account. The practice management software 'holds' the account until there are a number of them to go together and then you 'batch' them and send them off to Medicare for payment. Medicare send a payment report back listing all the accepted and rejected items. Rejected items might be because of invalid item numbers, some items can only be billed after a certain period and will be rejected if billed too soon. Some items can't be billed together, so one will be rejected. Your practice may also use HPOS webclaims for electronic submission of bulk bill claims.

Most of the time a private billing can't be billed with a Medicare bulk bill. For example, the doctor can't bulkbill a procedure and then private bill a consultation unless they are for completely different things and the doctor will then let you know that they aren't related. This has to be on the account so that Medicare

won't reject it but most of the time, private and bulk billed don't go together. There are exceptions such as you can charge a private fee for a vaccination, e.g. fluvax, and bulk bill the consultation.

The doctor has the responsibility to bill the correct item numbers, reception shouldn't be making any changes to the billing.

## Face to Face and Telehealth/Telephone

Face to face consultations are in the clinic, aged care facility or home visit. Consultations can also be done over the phone or via some sort of platform providing video chat, referred to as Telehealth. If you have a standard consultation face to face that has a different item number to a telephone/telehealth consult.

There are also incentive items for bulk billing certain patients which may be added to the consultation items. For example, the doctor might bulk bill an Item 23 (standard consultation) and add the incentive item 75870 (triple bulk billing incentive for MMM1). MMM1 refers to the location of the practice. MMM1 is metro and MMM2 to MMM7 are rural and remote locations.

## VR and Non VR doctors

Item numbers also differ if a doctor is vocationally registered (VR) or non vocationally registered (Non VR).

A non VR doctor is someone who is registered with the medical board but hasn't completed the specialist training and examination to become a Fellowed GP.

## Item Numbers

The most common item numbers are for consultations but item numbers also cover:

- The standard consultation, the one that you would most commonly book is an Item 23.
- Shorter and longer consultations.
- Telephone/Telehealth have their own item numbers
- Procedures such as removal of a skin lesion
- Diagnostic procedures such as an ECG
- Bulk bill incentives
- After hours consults
- Nursing home visits
- Health assessments
- Chronic disease management
- Women's health items such as antenatal attendance
- Mental health

## What is...?

### Health Assessment

A health assessment is a comprehensive health check which looks at physical and psychological health as well as how people function socially and what supports they may have in place. It is most often used for patients over 75 years of age but there are also heart health assessments, Aboriginal and Torres Strait

Islander health assessments. The nurse will often be involved in the health assessment and then the patient sees the doctor to discuss and arrange any follow up. Over 75 health assessments can be done annually and are a great way to manage patient care and keep older patients safe at home.

## Chronic disease management

Patients with chronic disease, diabetes for example, often have their condition managed by their GP and their care team (allied health for example). The patient will usually have an appointment with the doctor or maybe the practice nurse first, and talk about how the condition is being managed, what services are needed and by whom. They will include goals, for example the patient with diabetes might have a goal to get more daily exercise, and take into account the specific needs of the patient.

Patients with chronic disease management in place have regular reviews.

## Mental Health Care Plan

Patients with mental health conditions can have a similar management of their condition in place. This can include referrals to mental health professionals such as psychologists and access to Medicare rebates for up to 10 individual therapy sessions per year

## Privacy and Confidentiality

Keeping patient and practice information confidential is absolutely key to your position. You see, hear, and handle sensitive information, sometimes about people that you know, and your job is to maintain that confidentiality at all times.

You will have training in what that means for your practice and your position and that will include:

- Accessing patient information that is relevant to your job
- Not talking about patients outside of work and inside of work only when it is work related and appropriate
- Not discussing patient details where people can hear you
- Documents and screens not visible to others
- Checking patient identification
- Secure disposal of confidential paperwork
- Following policy and procedure in relation to who is allowed to ask questions about patient information
- Following all the rules that your practice puts in place to protect patient confidentiality and privacy

This is one of the most critical aspects of any role in a medical practice. Do all the training, ask any questions and if you aren't sure about any particular situation, check.

# Other Terms

## PRODA and HPOS

PRODA is an online system used by Services Australia to allow practices to access services such as the Health Professional Online Services (HPOS), Medicare etc.

As a receptionist you may use PRODA and HPOS to:

- Check and update Medicare information
- View Medicare eligibility for billing
- Update MyMedicare patient registration

## Provider numbers

Health practitioners are issued provider numbers to allow them to work with the Medicare program. This number means that patients can claim Medicare refunds for the services the practitioner provides. Provider numbers are location specific, so if your GP works at more than one practice, they will have more than one provider number.

## My Health Record

This is a summary of a patient's medical record uploaded into the cloud and accessible by doctors and hospitals. The system is now "opt out" so anyone with a Medicare card will have a My Health Record unless they have chosen to opt out.

Part of the practice compliances is to upload a certain number of eHealth summaries to MyHealth Record each quarter. This is normally done by the doctors or nurses.

## MyMedicare

MyMedicare is a voluntary program where patients register with a GP, as their usual practice/doctor through a formal Government registration process. The idea is that continuity of care, seeing the same GP or going to the same clinic, will improve health outcomes. Makes sense. There is some additional funding available for GP's such as longer MBS funded telehealth bulk billed consultations and some triple bulk billing incentives as well as a connection with chronic disease management patient care. This program, at early 2025, is still in the growth phase and changes will occur over time.

Medical receptionists may be asked to help patients fill out the registration form and then register the information online. Patients can also register online through Services Australia, through the practice's online booking system or through an app.

## Australian Immunisation Register AIR

The AIR is the register that records vaccinations given to patients such as childhood immunisations. Patients have access to their immunisation history but only practitioners like doctors and community health nurses are able to update the AIR. Practitioners access AIR via PRODA and can upload vaccination details directly through your practice management software e.g. Best Practice, Medical Director, ZedMed etc or through the AIR website.

## Department of Veterans' Affairs DVA

The DVA supports those people who have been in the Australian defence forces and their families with a variety of programs, resources and supports. In relation to healthcare providers the DVA are billed directly for care and taxis can also be organised to take patients to and from medical appointments if needed.

DVA patients may have either a white, orange or gold card and each has different entitlements to DVA funded healthcare.

The Veteran White Card covers specific, accepted service related injuries or conditions as well as all mental health and some cancers.

The Veteran Orange Card gives concessional rates for things like prescriptions but not medical consultations or treatment.

The Veterans Card (Gold) covers all medical treatment.

## TAC (VIC) CTP (SA, ACT), ICWA (WA), MAIB (TAS), MAC (NT), MAIC (QLD)

In relation to primary healthcare if someone has been injured in a transport accident their state's transport accident organisation pays for their treatment. This is funded in part by our vehicle registration.

## WorkSafe (VIC, TAS, ACT, NT and QLD) WorkCover (NSW, WA), SafeWork (SA)

If you are injured at work or have a work related illness, your state's Workcover organisation will pay the reasonable costs of treatment.

Doctors see patients and will assess if the patient is unable to work, can work with different duties or can return to work fully. People injured at work or with a work related illness report the matter to their employer. They then fill out a claim form and lodge with their employer and if accepted by the agent they receive a claim number that goes on their invoices for payment. The worker may be eligible to receive weekly payments if they are unable to do their normal job so they go to their doctor to get a Certificate of Capacity.

Sometimes, Workcover claims are disputed so even though a patient says their injury or illness was work related it doesn't necessarily mean that the employer or agency will pay it. Some practices request the patient pay the account themselves and claim back from their employer.

## Primary Health Networks PHN

PHN's are a government funded set of organisations across Australia that are in place to improve the way in which patients can access primary healthcare. From a healthcare practice point of view the PHN's are there to offer support in the form of resources and education that help to deliver better health outcomes and patient care. The extent of assistance may vary from PHN to PHN.

## Accreditation

Accreditation is the process that general practices go through every 3 years (This may change from 2026) that makes sure that our practices are working at a level set by the standards of the Royal Australian College of General Practitioners (RACGP).



Practices don't have to be accredited but government incentive payments are linked to accreditation status and even the ability to host registrars is dependent upon your practice being accredited.

The key thing about accreditation is that it is aimed at making sure general practices deliver services at an acceptable level and appropriate guidelines and regulations are adhered to. It covers all sorts of aspects in your practice from the clinical records to how the vaccines are stored to the performance management process. To pass accreditation the practice needs to meet the standards required and be able to provide evidence of this. The main way of doing this is to have policy and procedure in place and for everyone to understand what they need to do and why they are doing it.

Every 3 years the practice has a visit from your accreditation body's surveyors who look for evidence the practice is operating to the requirements of the RACGP standards. It's not about pass or fail, it's about checking that everything is compliant. If there are non-compliances the practice is given time to rectify and provide evidence.

From a reception point of view your responsibility might include:

- Helping the team to set up policy and procedure
- Doing some admin tasks to help out
- Keeping your training register up to date
- CPR every 3 years (generally your practice will organise this)
- A receptionist (not necessarily you!) will be interviewed by the surveyors and asked questions such as, "How do you triage patients?", or "How do you ensure patient privacy and confidentiality?"

If you have joined the practice and accreditation has recently been done, it might be a couple of years before you need to be involved again.

## Triage

Triage, in general practice, refers to the way in which patient's conditions are assessed, evaluated and prioritised. Some conditions need to be seen that day, some can wait and some might be urgent or an emergency. Most practices have access to a very handy reception guide to triage called POPGUNS. It is a flow chart that guides you through the process for working out what to do with a patient. You follow the process, and any related practice specific policy and procedure, and it will tell you what to do.

Following your practice triage process is very important. If you aren't sure about the process, always check. Every practice has a different triage process and yours will be covered in your induction.

## How does General Practice work?

When we go to the doctor as a patient, we pay a fee for the consultation and any procedures we might have. This money does not all go directly to the practice, but part ends up with the doctor and part goes to the practice. This money is the bulk of the practice income to keep us up and running.

## Patient Payment for Services

We go to the doctor and pay for our consultation or procedure and then we mostly get money back from Medicare or Medicare pay the full amount, bulk billing. In most cases doctors are not employees (unless they are registrars) so you are paying the doctor directly and then the practice takes a percentage of this as a service fee for the practice providing resources such as staffing, equipment, supplies.

## Service Fees

The doctor pays the practice for the use of the resources. The practice usually takes between 30 and 40% of the doctor patient income as service fee. This is the equivalent of the doctor renting the room and all the administrative and clinical services and paying a set percentage of what they earn. The service fee is the main source of income for practices and expenses are high.

## Treatment Room Fees

This is income that comes directly from patients to the practice. Examples of this would be the cost of vaccines, dressings, suture kits. In most practices the practice itself will receive the income from these items. Consumables are expensive for the practice so trying to keep our treatment rooms viable is a key consideration when the practice sets fees.

## Government Incentive Payments

General practice gets a variety of Government incentive payments for providing particular areas of care. These include the Practice Incentive Payment (PIP) and Workforce Incentive Payment (WIP). These incentives are important for the viability of general practice.

## Bulk Billing V Mixed V Private Billing

Bulk billing is when the doctor direct bills Medicare and accepts the Medicare rebate as full payment for the services. This is done electronically and the patient doesn't need to pay. Mixed billing practices might bulk bill patients who have a pension or health care card or bulk bill children under 16. Private billing practices bill the majority of their services directly to the patient. They may have a reduced fee for pensioners or for children or they may not.

## Doctor Autonomy in Billing

Doctors have the right to bill individual patients as they see fit. If seeing a couple of family members at the same time some doctors will privately bill Mum for example and then bulk bill or offer a reduced rate to the children. Childhood immunisation and generally chronic disease management plans and health assessments are also bulkbilled.

## A final word

This is just a sample of general practice terms. There are lots more things to learn and you will do that over a period of time.

We asked some medical receptionists what they love about their job, just as some inspiration!

# What do you love about being a medical receptionist?

- ♥ I love the job; I love helping people.
- ♥ It's busy but I love it. Never a dull moment!
- ♥ What I do at work matters. Patients might be stressed or unhappy or scared and my job is to give them a friendly smile and help them.
- ♥ I love problem solving and this job has people needing solutions to their problems. I get to help people every day.
- ♥ I love building relationships with patients. I've seen babies grow up and go to school and seen kids who I've known for years come in with their own children.
- ♥ Every day is different.
- ♥ I learn new things all the time.
- ♥ I love being part of a team. The doctors are amazing and the rest of the team are like family.
- ♥ It's a great job. Yes, it's busy but the day flies and before you know it, it's home time!
- ♥ I know what I do is an important part of providing a service to patients. We keep the practice running so that doctors and nurses can see patients and our PM can run the business. We work together as a team.
- ♥ I just love helping people. Every day I can make a positive difference.



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This is a basic introductory guide which may be used in addition to a thorough induction process