



Private Health Insurance and Condor Performance

Due to the fact that all of our consultants are approved to practice by The Psychology Board of Australia it can potentially be possible to apply for a rebate from your Private Health Insurance Provider in order to reduce your out-of-pocket costs when you are working with one of our team. The most obvious benefit of using your Private Health Insurance rather than Medicare to reduce costs is that a Mental Health Care Plan and referral from your GP are not required. Below you'll find some general guidelines regarding Private Health Insurance and working with Condor Performance which we hope will reduce any confusion if you want / need to go down that path.

First of all, if getting some financial assistance from your Private Health Insurance Provider is an **essential** part of you being able to work with one of our psychologists then we highly recommend confirming eligibility and requirements **before** you commence. Australia currently (in 2021) has 38 Private Health Insurance Providers and although many of them have similar policies it is never going to be possible for us to be able to confirm 100% if you'll be able to make successful claims or not.

Most Private Health Insurance Providers insist that the psychological services be delivered by a professional with a Medicare provider number linked with either the location in which the sessions will take place or where the psychologist will be if the sessions are via webcam (called Telehealth sessions / consultations). At the current time only James (Newcastle, NSW), Harley (Canberra, ACT), Brian (Inner West Sydney, NSW), Gareth (Southern Highlands, NSW), David (Figtree near Wollongong, NSW), Krishneel (Brisbane, QLD) and Michelle (Melbourne, VIC) have Medicare provider numbers so you'll need to be working with one of these seven psychologists to be eligible for rebates.

As you're probably aware by now at Condor Performance we do things a little differently and one of the major differences between the way we work and most other psychologists is our **monthly approach** to the mental conditioning process. By 'monthly approach' of course we refer to the fact that you are/will be paying for your psychologist's time over the coming 30/31 days in advance after which you will work out the optimal way to use this flexible consultation time directly with your psychologist.

This impacts on both **when** and **how** we generate a receipt that will be acceptable to your Private Health Insurance Provider. The "when" is after the completion of the month; so approximately a month after you've paid. The reason for this is that in order to make a claim the sessions have to already have taken place and we will only know exactly when they took place and how long they lasted for when the month is over. The "how" is also worth mentioning. The receipt will be broken down session by session each with their own date, duration, format (Telehealth or in person) and HICAPS item number. Please note that it is **not possible** for us to generate multiple receipts for each of the sessions that might have taken place across the month as each receipt represents one payment and not one session. If having only a single session on each receipt will allow you to claim more then we recommend that you use our services via the Falcon monthly option and ask your psychologist for the 60 minutes of flexible consultation time to be used via 1 x monthly 60 min session. This way, each receipt will contain one paid session.

Finally, although we are eager for you to be able to reduce your out-of-pocket costs and get a return on investment from the premiums you pay to your Private Health Insurance Provider **we do not accept** any responsibility in situations whereby your claims are unsuccessful and refunds will not be possible if this happens.