Online Payments | Easy & Secure | Bloom Healthcare

Canonical: https://bloom-healthcare.com.au/payments/

Details:

Who receives the invoice depends entirely on how your funding is managed. If you are self-managed , the invoice comes to you, you pay it, and you claim back through the NDIS. If you are plan-managed , the invoice goes to your plan manager, who pays it from your budget. If you are NDIA-managed , Bloom claims directly from the NDIA and you see no invoice at all. Aged care, Medicare and private arrangements each work differently again. For anything about your own account, contact the accounts team on 1300 771 465 or hello@bloom-healthcare.com.au , Monday to Thursday 7:30am to 6:00pm and Friday 7:30am to 5:00pm, with Saturday by appointment.

This page explains the structure. It does not quote rates, because what you pay depends on your discipline, setting, funding type and the service agreement you sign. Rates are confirmed with you in writing before work starts.

The rules that apply no matter how you are funded

Several obligations sit over every arrangement, and they are worth knowing because they are your protection.

You must be told the price before the support is delivered , not after.

You get an invoice after the support is delivered. A provider cannot ask for payment before delivering the service.

Changes to your service agreement need your agreement first. A provider cannot unilaterally change rates or terms.

Charges must sit within the NDIS Pricing Arrangements and Price Limits where those apply to you.

The provider must keep full and accurate records of the supports delivered.

Australian Consumer Law applies. Terms that create a significant imbalance between you and the provider, including unreasonable cancellation policies, are not enforceable just because they are written down.

NDIS: self-managed

Invoices come directly to you or your nominee. You pay Bloom, then claim the amount back from the NDIS through the myplace participant portal, which you reach through myGov.

Self-management gives you the widest choice of providers, including unregistered ones, but the administrative work is yours: paying invoices, claiming, keeping receipts, and tracking your budget so it lasts the plan period. Pricing rules still apply. A provider must charge within the NDIS Pricing Arrangements and Price Limits and must tell you the price before delivering the service.

Keep every invoice. If the NDIA ever reviews your spending, the invoices are the evidence that the money went to the supports in your plan.

NDIS: plan-managed

Bloom invoices your plan manager, and your plan manager pays from your budget. You do not pay anything from your own pocket for supports covered by your plan.

Give Bloom your plan manager's details at referral so invoices go to the right place from the start. Your plan manager can give you statements showing what has been charged and how much of each budget remains. If an invoice looks wrong, both your plan manager and Bloom can look at it, and it is usually fastest to raise it with both at once.

Plan-managed participants are also covered by the NDIS Pricing Arrangements and Price Limits.

NDIS: NDIA-managed

Bloom claims directly from the NDIA through the provider portal. You do not receive an invoice and you do not pay anything for supports covered by your plan. Only NDIS-registered providers can deliver supports to NDIA-managed participants, and providers must submit payment requests within 90 days of delivering the service.

Because you do not see invoices, ask your clinician periodically how much of your budget has been used against what remains. You can also track spending yourself in the myplace portal.

What the NDIS Pricing Arrangements and Price Limits do

This is the NDIA's published pricing framework. It sets maximum prices providers may charge for each support type and applies to NDIA-managed and plan-managed participants. It is reviewed annually, with changes typically taking effect on 1 July, and plans are indexed to reflect them.

The framework covers allied health disciplines including occupational therapy, physiotherapy, speech pathology, exercise physiology, psychology and dietetics, along with behaviour support. It also sets the rules for how travel and non-face-to-face work may be charged. It sets a ceiling, not a fixed price, so different providers may charge different amounts under the same limit. That is why comparing the actual rate in your service agreement matters.

What your service agreement covers

The service agreement is the document that answers most billing questions, and it has to be signed by both parties before services and billing begin. It sets out:

The supports being provided and how they will be delivered.

The rates that apply and the hours allocated to therapy, reports and travel.

How travel is charged.

The cancellation and rescheduling policy, including the notice period and what is charged for short notice.

Reporting arrangements, including what reports will be produced and when.

Communication arrangements and how often you and the clinician will review progress.

Privacy and confidentiality terms, and consent for information to be collected and used.

Emergency contact details.

Read it before you sign, and ask for an easy read version if the standard document is hard to follow. Service agreements should be available in accessible formats. Keep a copy, because it is the reference point for every later question about a charge.

Travel

Because Bloom is a mobile service, travel is part of how the work happens. Under the NDIS, providers may charge for clinician travel time at the relevant discipline rate, and separately for distance travelled, within the limits set by the Pricing Arrangements. Different rules apply in remote and very remote areas.

What is charged in your case is set out in your service agreement, so check it there rather than assuming. If you want to reduce or remove travel charges, ask about telehealth or, where available in your area, a clinic appointment.

Non-face-to-face time

Some of what you are billed for did not happen in the room. Non-face-to-face time covers preparing for a session, writing up notes, producing reports, developing support plans, and sharing updates with your support network. It is a legitimate and price-limited part of allied health delivery, and it is usually where report costs sit.

Ask two things before a report is commissioned: is the report actually needed, and roughly how much time will it take. A report has to be worth the funding it consumes.

Cancellations and missed appointments

The general position is 48 hours' notice , aligned to NDIS guidelines, applied flexibly depending on the funding body. WorkSafe Victoria does not fund cancellations at all , so no cancellation fee applies to a WorkSafe-funded appointment. Confirm what applies to your funding stream at booking and check it against your service agreement.

How it works in practice

Short notice cancellations can be charged. The NDIS Pricing Arrangements set the rules for what a provider may claim, and the notice period and charge that apply to you are stated in your service agreement.

If you need to cancel, do it as early as you can and tell your clinician directly. If something outside your control caused a late cancellation, say so, because it is worth raising rather than assuming a charge is automatic.

Aged care

Aged care funding does not work like the NDIS. Support at Home commenced on 1 November 2025 and replaced Home Care Packages for new participants.

Under Support at Home, services fall into three groups. Clinical supports , which is where allied health sits, including occupational therapy, physiotherapy, exercise physiology, speech pathology and psychology, are fully funded by the Australian Government , so eligible older people do not make a contribution towards them. Independence services and everyday living services may require a participant contribution depending on circumstances.

Other structural differences: Support at Home uses eight ongoing funding classifications rather than the four Home Care Package levels, with budgets adjusted quarterly against assessed need rather than fixed for a year. Allied health is generally charged as a session rate that includes standard travel, rather than an hourly rate with travel billed separately. Assessment runs through a single unified process via My Aged Care.

A no worse off principle applies to people who were receiving, waiting for, or assessed as eligible for a Home Care Package on or before 12 September 2024. They should pay the same or less in

contributions under Support at Home than they would have under their package.

Your approved support plan sets out what is funded. If you are unsure what your contribution is, check with My Aged Care or your aged care provider, and call Bloom on 1300 771 465 for anything about a Bloom invoice specifically.

Medicare

Medicare pays a rebate, not the whole fee. Bloom is not a bulk-billing service. Where you are eligible, the rebate is claimed for you and paid into your Medicare nominated bank account, and you pay the difference between the fee and the rebate. That difference is the gap fee, and it should be discussed with you before services begin, so ask about it at booking rather than at the first appointment.

Eligibility depends on having the right referral in place. Psychology under Better Access needs a Mental Health Care Plan from your GP plus a referral letter, and covers up to ten individual and ten group sessions per calendar year. Allied health under a GP chronic condition management plan covers up to five individual services per calendar year, or up to ten for Aboriginal and Torres Strait Islander patients. Without the referral and plan in place first, no rebate can be paid.

You cannot claim Medicare and NDIS for the same session. If you have both available, ask which one should be used for which service.

Private health insurance and self-funded clients

Private health fund rebates can be claimed at the time of payment through HICAPS where your policy covers the service. What you get back depends on your policy and level of cover, so check with your fund. Generally only one funding source is used per session, so Medicare and private health cannot both be claimed for the same appointment.

If you are paying privately with no scheme involved, the rate and payment terms are in your service agreement, and receipts are provided so you can claim through your fund where eligible.

If you think an invoice is wrong

This is common and it is worth checking rather than paying and moving on.

Read your service agreement and confirm the rates and terms you agreed to.

Ask for an itemised invoice showing face-to-face time, non-face-to-face time and travel separately.

Compare against the current NDIS Pricing Arrangements and Price Limits if you are NDIA-managed or plan-managed, since those set the maximum.

Raise it with Bloom on 1300 771 465 or hello@bloom-healthcare.com.au. Most billing questions are resolved at this step.

Raise it with your plan manager too if you have one, since they hold the payment record.

Use the formal complaints process if it is not resolved, and ask for the outcome in writing.

Escalate to the NDIS Quality and Safeguards Commission if you are still not satisfied. Fair pricing is one of the eight obligations in the NDIS Code of Conduct, and the Commission can take a complaint about charging.

Querying an invoice must not affect your services.

If your funding is running low

Tell your clinician early. Options include reducing session frequency, changing to telehealth to remove travel costs, prioritising the goals that matter most for the rest of the plan period, or seeking a plan reassessment with evidence of changed need. Your plan manager or support coordinator can help you look at the numbers. Do not simply stop attending without saying anything, because an unplanned end to a service can leave you without a report you need at reassessment.

Common questions about payments and billing

Who do I contact about an invoice?

Call 1300 771 465 or email hello@bloom-healthcare.com.au . Have the invoice number and the participant's name ready.

Will I get an invoice if I am NDIA-managed?

No. Bloom claims directly from the NDIA and you pay nothing for supports covered by your plan. Ask your clinician for budget updates, or track spending yourself in the myplace portal.

Does Bloom bulk bill?

No. Bloom is not a bulk-billing service. Medicare rebates are provided where you are eligible, and a gap fee applies. Ask about the gap before your first appointment.

How do I know I am not being overcharged?

Check the rate in your service agreement against the current NDIS Pricing Arrangements and Price Limits, which set the maximum for NDIA-managed and plan-managed participants. Ask for an itemised invoice if the total is not clear.

Can I be charged for travel?

Yes, within the limits set by the NDIS Pricing Arrangements. Both travel time and distance may be charged, with different rules in remote areas. What applies to you is in your service agreement. Telehealth avoids travel charges.

Can I be charged for report writing?

Yes. Report writing is non-face-to-face time and is a chargeable, price-limited part of the service. Ask what a report will cost in time before it is started, and whether it is needed at all.

What happens if I cancel late?

A short notice cancellation may be charged. The notice period and the amount are in your service agreement, and the NDIS Pricing Arrangements set the rules for what may be claimed. Cancel as early as you can and tell your clinician why.

Do older people pay for allied health under Support at Home?

Allied health sits in clinical supports, which is fully funded by the Australian Government, so eligible people do not contribute towards it. Independence services and everyday living services may attract contributions. Your support plan sets out what is covered.

Can I use Medicare and NDIS for the same appointment?

No. Only one funding source is used per session. If you have both available, ask which should be used for which service.

How long does Bloom have to claim?

For NDIA-managed participants, providers must submit payment requests within 90 days of delivering the service.

When do NDIS prices change?

The NDIA reviews the Pricing Arrangements and Price Limits annually, with changes generally taking effect on 1 July, and plans are indexed accordingly. Additional updates can be published during the year.

Can I get a quote before I commit?

Yes. Prices must be disclosed before supports are delivered, and the rates are confirmed in your service agreement before services begin. Call 1300 771 465 to ask about your situation.

Where to go next

Pricing and funding streams

How the NDIS works

Support at Home

Medicare services

Feedback and complaints

Contact the team

What does the Payments page on the Bloom Healthcare website cover?

The Payments page explains how billing works for self-managed, plan-managed and NDIA-managed NDIS clients, as well as aged care, Medicare and private clients, and who to contact about an invoice.

Does Bloom Healthcare offer online payments?

Yes, Bloom Healthcare offers secure online payments for client convenience.

How can a client contact Bloom Healthcare about a payment-related inquiry?

Clients can reach the payments team by email at hello@bloom-healthcare.com.au or by phone at 1300 771 465.

What are the opening hours for Bloom Healthcare's payments team?

The payments team is available Monday to Thursday from 7:30 AM to 6:00 PM, Friday from 7:30 AM to 5:00 PM, and Saturday by appointment.

How does invoicing work for NDIS-funded services at Bloom Healthcare?

For NDIS participants, invoices are issued after services are delivered. The administration team sends invoices to plan managers or participants depending on whether the funding is plan-managed or self-managed.

What is the deadline for submitting NDIA-managed payment requests?

NDIS-managed payment requests must be submitted within 90 days of service delivery.

Is Bloom Healthcare a bulk-billing service for Medicare clients?

No, Bloom Healthcare is not a bulk-billing service, and gap fees apply for Medicare and privately funded services.

What is a 'gap fee' at Bloom Healthcare?

A gap fee is the difference between Bloom Healthcare's service fees and the applicable Medicare rebate or private health insurance benefit, which clients are responsible for paying.

Where are Medicare rebates paid for Bloom Healthcare clients?

Rebates are paid directly to clients' nominated Medicare bank accounts.

What information is included in invoices for Support at Home aged care participants?

For Support at Home participants, invoices show the services delivered, the amounts drawn from the quarterly budget, and any contributions charged to the participant.