



YOUR GUIDE TO FEES - SELF-FUNDED CLIENTS

Last updated: 1 April 2026

Our commitment to transparent fees

Superyou Therapy is committed to providing clear, fair, and transparent pricing for self-funded clients. All fees reflect the time, expertise, and professional input required to deliver safe, high-quality therapy. Your fees will always be explained and confirmed with you before services commence.

How self-funded fees work at Superyou Therapy

Self-funded fees are not based solely on the time spent face-to-face with your clinician.

Depending on the service, fees typically include:

- direct therapy time
- preparation and planning
- clinical documentation and reporting
- collaboration with your support team
- travel, where applicable

These components are essential to effective service delivery.

Session length and minimum booking requirements

Session length depends on where therapy is delivered.

- Clinic-based and telehealth sessions
Can be booked in a range of durations, including sessions under one hour, depending on clinical need.
- Home, school, and community-based sessions
Are delivered as a minimum of one (1) hour of face-to-face time.

This minimum ensures the full scope of service delivery, including preparation, transitions, and follow-up, is appropriately reflected in your invoices.





Occupational Therapy, Speech Therapy and Physiotherapy Fees

Applicable hourly rate

All Occupational Therapy, Speech Pathology and Physiotherapy services are billed using a flat hourly rate of \$224.62.

How Fees Are Calculated

Fees are calculated using the same pricing structure across all service settings. Minimum session lengths vary depending on where therapy is delivered.

Appointment type	Face-to-face time	Preparation & planning	Case notes	Total billed time	Total fee
30 minute session <i>**Please note this consult length is only available for sessions in clinic locations</i>	30 minutes	7.5 minutes	7.5 minutes	45 minutes	\$168.47
45 minute session <i>**Please note this consult length is only available for sessions in clinic locations</i>	45 minutes	10 minutes	10 minutes	1 hour & 5 minutes	\$243.34
1 hour session	1 hour	15 minutes	15 minutes	1 hr 30 min	\$336.93
1.5 hour session	1.5 hours	20 minutes	20 minutes	2 hr 10 min	\$487.43
2 hour session	2 hours	25 minutes	25 minutes	2 hr 50 min	\$636.97





Additional Billable Items

Additional billable items are charges for work that supports your therapy, but may occur outside the main appointment time outlined above, or in addition to your booked session. All additional charges are explained and discussed with you prior to charging.

Item	Cost
Additional session time or non-face-to-face supports (e.g. reports)	\$224.62 per hour
Travel Time	\$112.30 per hour (50% of the hourly rate)
Travel Kilometres	\$0.99 per kilometre travelled

Minimum session length for home, school, and community visits:

All non-clinic sessions are booked for a **minimum of one (1) hour face-to-face time**. Shorter session lengths of less than one hour apply only to clinic-based and telehealth services.

What we bill for – detailed information

This section provides further details about our billing structures, including how we deliver therapy services, what we bill for and why, and late cancellation fees.

Therapy sessions

Therapy may be delivered:

- in-clinic
- via telehealth
- at home
- at school
- in the community

Clinic and telehealth sessions may be shorter where appropriate.

Home, school, and community sessions are delivered as a minimum one-hour face-to-face service.





Indirect services (non-face-to-face)

You may sometimes see additional items on your invoice, aside from your appointments. These represent indirect services: clinical work completed outside session time that supports your therapy.

Indirect services may include:

- review of therapy, medical, diagnostic, or school reports
- mandatory NDIA reports (e.g. AT applications, therapy plans, summaries)
- client-requested reports or letters
- professional communication with supports or providers
- therapy program development
- group session planning
- assistive technology coordination
- tailored resource development

These services will always be discussed with you beforehand.

Travel

Where therapy is delivered outside the clinic, travel may be billed in line with the hourly fees outlined above.

How travel is charged

- Travel time: 50% of the applicable hourly rate
- Travel kilometres: \$0.99 per kilometre

Maximum travel time billed

- MMM1–3 areas: up to 30 minutes total travel time
- MMM4–5 areas: up to 60 minutes total travel time

We actively minimise travel costs by:

- grouping appointments geographically
- using the most direct routes
- scheduling clinicians from the nearest Superyou hub where possible

Superyou Therapy operates across seven WA locations:

Wanneroo, Cannington, Fremantle, Bassendean, Mandurah/Peel, Great Southern and Margaret River.





Full details are outlined in our [Service Agreement Terms & Conditions](#).

Late cancellations

To avoid charges, we require **two (2) full business days' notice** for cancellations.

Cancellations made with less than two business days' notice will incur the full appointment fee, including:

- session time
- preparation and planning
- case note writing
- any applicable travel

This also applies if you do not attend, or attend only part of, a scheduled session.

Cancellations can be emailed to cancellations@superyou.org.au or through your clinician via phone or email. You can view our [Cancellation Policy in full here](#).

Clinical rates

Flat hourly rates used at Superyou Therapy:

- Occupational Therapists, Speech Pathologists & Physiotherapists: \$224.62 /hour

Any changes to standard hourly rates will be communicated to you well in advance.

Invoices

We aim to ensure invoices are clear and easy to understand.

If you have questions about invoice items or billed time, please contact:

(08) 6263 8623

invoices@superyou.org.au

Referrals through Medicare

Medicare M10 Pathway

1. Purpose of the Medicare M10 pathway

The Medicare M10 pathway (“Diagnosis and Treatment for Eligible Disabilities”) is designed to support children and young people under 25 years who have complex





neurodevelopmental conditions or eligible disabilities by providing Medicare rebated allied health assessment and treatment services.

This pathway:

- Requires a **medical referral**
- Is **time limited and life time capped**
- Is **discipline specific** (each allied health profession requires its own referral)

2. What has changed – effective 1 March 2026

From **1 March 2026**, the list of eligible disabilities under M10 has expanded to include the following **speech specific conditions**:

Newly included conditions

Children and young people under 25 years who are suspected of or diagnosed with any of the following can now access M10-funded services:

- Stuttering
- Speech Sound Disorders (SSDs), including:
 - Articulation disorder
 - Phonological disorder
 - Childhood apraxia of speech (developmental verbal dyspraxia)
 - Dysarthria
- Cleft lip and/or palate

Superyou now accepts referrals under this expanded M10 pathway for all newly included Speech Pathology eligible conditions.

[Please click here for the full list of eligible disabilities.](#)

3. Who can access Medicare M10 services

To be eligible, the client must:

- Be under 25 years of age
- Hold a valid Medicare card
- Be not admitted to hospital
- Have a suspected or confirmed eligible disability
- Have a valid referral from:
 - GP, **or**
 - Consultant physician, **or**
 - Specialist (e.g. paediatrician)

A confirmed diagnosis is not required. Referrals can be made on suspicion, specifically to support diagnostic clarification.

4. What Medicare funds under M10





- **Speech Pathology (assessments & treatments)**
- **Occupational Therapy (assessments & treatments)**
- **Physiotherapy (assessments & treatments)**

With a rebate of: \$87.25 per session for eligible services.

Assessment services

- Up to 8 allied health **assessment sessions** per lifetime
- Sessions must be **at least 50 minutes**
- Often delivered in blocks of up to 4, with medical review required to continue
- Used to:
 - Contribute to diagnosis
 - Inform a treatment and management plan
 - Provide formal written feedback to the referrer

Treatment services

- Up to 20 allied health **treatment sessions** per lifetime
- Sessions must be **at least 30 minutes**
- Provided after diagnosis and plan confirmation
- Referrals are issued in blocks of up to 10 sessions
- A new referral is required for each block

5. Discipline-specific considerations

Speech Pathology (SP)

For families seeking to use the new Medicare M10 Speech Pathology items, Superyou takes referrals for all new Speech Pathology additions under M10 (stuttering, speech sound disorders and cleft).

Occupational Therapy (OT) and Physiotherapy (PT)

OT and PT services under Medicare M10 remain unchanged, but may be involved where:

- The child has another eligible disability (e.g. cerebral palsy, Down syndrome)
- OT/PT input is required as part of a multidisciplinary diagnostic or treatment plan

Important

- Speech Sound Disorders (SSDs) alone **do not** automatically justify OT and/or PT involvement
- Medical referrals must clearly specify the reason for OT and/or PT involvement

6. Referrals

Referrals



- Must be discipline-specific
- Must be retained by the provider for at least 24 months
- Must specify whether the referral is for:
 - Assessment, **or**
 - Treatment

7. Important considerations

- The Medicare M10 pathway is not open-ended therapy – it is targeted, structured and capped
- Referrer relationships are central to sustainability
- Medicare provides a **rebate, not full coverage**. There will be **out-of-pocket costs**
- Sessions are lifetime-limited
- Early use should be strategic and purposeful

GP Chronic Condition Management Plan (GPCCMP)

If you have a chronic or long-term health condition, your GP may prepare a GP Chronic Condition Management Plan (GPCCMP).

Changes to the CDMP from 1 July 2025

From 1 July 2025, the GP Chronic Condition Management Plan replaced the older Chronic Disease Management Plans (CDMPs), GP Management Plans (GPMPs) and Team Care Arrangements (TCAs).

The older GP Management Plan (GPMP) and Team Care Arrangement (TCA) are being phased out.

GPs no longer need to collaborate with allied health professionals when preparing or reviewing plans – your GP can now send referrals directly to providers like Superyou.

Referrals must include:

- The referring GP's name
- The practice address or provider number
- The date of referral
- The validity period (if applicable)
- The GP's signature (electronic or handwritten)
- The reason for referral and relevant clinical details





Eligibility

Eligible clients can access up to 5 Medicare-rebated allied health sessions per calendar year.

These can be all one type (e.g. 5 Speech Pathology sessions) or a mix (e.g. 1 Occupational Therapy + 4 Speech Pathology).

Clients who already had a CDMP prepared before 1 July 2025 can continue using it until 30 June 2027, after which they'll need to transition to a GPCCMP.

To remain eligible, a GPCCMP must be prepared or reviewed within the past 18 months.

Can I use my private health insurance to pay the balance?

No, this is considered “double dipping” and your private health insurance will not pay a rebate if you have already claimed with Medicare.

Should I use my private health insurance or my GPCCMP plan?

This is completely up to you. Check with your private health insurance company to make sure you are covered for Speech Pathology, Occupational Therapy or Physiotherapy (depending on what service you require).

Often, private health insurance companies do rebate a higher amount for assessment sessions so you may choose to use this for your initial assessment, rather than your GPCCMP plan.

How often can I get a new GPCCMP Plan?

You are eligible for 5 rebated services each calendar year. This means 5 total, not for each therapy service.

Can I use my GPCCMP rebates for group sessions or telehealth?

Yes, we can also offer GPCCMP rebated services via Telehealth.

Unfortunately, we cannot offer GPCCMP rebates for group sessions.

Can I use my GPCCMP rebates for travel?

No. You will be charged for the time it takes your clinician to travel to and from an appointment. You will also be charged for additional costs incurred with travelling to deliver face-to-face services (such as parking fees and the running costs of the vehicle).

Please refer to our Terms and Conditions for more information about how we charge for travel.





We do have clinic rooms for you to attend sessions to avoid these travel costs. Please speak to our administration team or your clinician for more information. You may also find more information on the Australian Government Department of Health's "Chronic Disease Management" PDF.

Need more information?

Our team is available **8:30am–4:30pm, Monday to Friday**. We are always happy to explain fees and answer any questions you may have.

(08) 6263 8623

hello@superyou.org.au





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