

Talking to your GP about physiotherapy

A patient discussion guide. Your GP prepares the care plan and referral.

Current item 10960 benefit: \$63.40

Effective from 1 July 2026. Check the clinic fee and any gap payment.

Start with your GP

Discuss your symptoms, how long they have affected you and what you want to improve. Your GP decides whether a GP Chronic Condition Management Plan (GPCCMP) and a physiotherapy referral are appropriate.

How Medicare support works

- The usual limit is five individual allied health services per calendar year, shared across eligible professions. It is not automatically five physiotherapy appointments.
- Eligible Aboriginal and Torres Strait Islander patients may access up to ten services through applicable pathways. Ask which items and remaining services apply to you.
- For the GPCCMP pathway, your plan must have been prepared or reviewed within the previous 18 months. A suitable referral is also required.

Questions to take to your appointment

- Would a structured care plan help with my ongoing condition?
- Is physiotherapy suitable, and how would it fit with my other care?
- What referral should I bring, and when should my plan be reviewed?

Before booking with PhysioCall

Check your referral and remaining annual services with your GP or clinic. Ask PhysioCall about the appointment fee and any gap payment. Bring your referral and Medicare card to your appointment.

This guide is information to discuss with your GP. It is not a referral, a care plan or confirmation of eligibility. Medicare rules and benefits can change.