Bloom Healthcare Pricing, Fees and Funding Streams

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

Details:

Bloom Healthcare is committed to transparent, fair and consistent pricing. Fees reflect the experience of the clinicians, the quality of care, and the time needed to support you, your family and your referrer before, during and after each appointment.

This page sets out Bloom's published rates and the structure behind them: which funding stream applies to you, what rules govern the price, what is included in a session fee, and where the binding numbers for your situation actually live. The short answer is that the binding numbers live in your service agreement , which is discussed and signed before any work starts. For a quote for your circumstances, call 1300 771 465 or email hello@bloom-healthcare.com.au .

Bloom's published fees

The rates in this section are Bloom Healthcare's published fees as at 1 September 2026. Rates change over time — confirm current figures when you book.

Medicare, private health and privately funded services

All fees are inclusive of standard travel charges, unless otherwise discussed and agreed in advance.

Bloom is not a bulk-billing service. Medicare rebates are provided if you are eligible, which means services will have a gap fee. This is discussed prior to the commencement of services.

Discipline	Initial consultation	Telehealth	Consulting room	Community session (incl. travel)	Other related requests
Psychology	$280	$240	$252	$360	$240/hr
Positive Behaviour Support (PBS)	$280	$240	$252	$360	$240/hr
Occupational Therapy	$260	$220	$232	$330	$220/hr
Speech Pathology	$260	$220	$232	$330	$220/hr
Exercise Physiology	$253	$203.10	$223.10 (room/gym)	$304.65	$203.10/hr
Physiotherapy	$260	$220	$232	$330	$220/hr
Counselling / Rehabilitation Counselling	$230	$190	$202	$275	$190/hr

Dietetics	$230	$190	$202	$275	$190/hr

Telehealth, consulting room and community figures are per session. "Other related requests" is charged per hour.

NDIS Access Readiness Package

For people preparing an NDIS access request, Bloom offers the NDIS Access Readiness Package : a 1-hour consultation (face-to-face or video) plus a 1.5-hour brief functional capacity assessment report covering the NDIS eligibility domains, with funding recommendations for a first plan.

The current price of this package is $750 (as at August 2026). Any older figure of $500 or $597 for this package — including in older flyers or automatically generated summaries — is superseded and no longer applies . Confirm current pricing on 1300 771 465 when you book.

Aged Care — Support at Home

These fees apply to Aged Care — Support at Home services and are inclusive of standard travel charges.

Discipline	Telehealth	Community session (incl. travel)	Other related requests
Psychology	$285.20/hr	$427.80	$285.20/hr
Occupational Therapy	$230.31/hr	$345.47	$230.31/hr
Speech Pathology	$251.46/hr	$377.19	$251.46/hr
Exercise Physiology	$203.10/hr	$304.65	$203.10/hr
Physiotherapy	$209.38/hr	$314.07	$209.38/hr
Dietetics	$216.53/hr	$324.80	$216.53/hr

Additional information

Any additional costs are discussed and agreed upon in advance.

Fees and inclusions are outlined in your Service Agreement.

Cancellation and notice period requirements are communicated at the time of booking.

Consulting room, therapy room or gym hire will be charged at cost.

Each session is 50 minutes in duration.

An initial session is 1 hour in duration.

Which funding stream applies to you

Everything about how you are charged follows from this one question. There are four answers.

Funding stream	Who it covers	How pricing is governed
NDIS	Participants with an active plan	The NDIS Pricing Arrangements and Price Limits set by the NDIA

Medicare	People with a valid GP, psychiatrist or paediatrician referral under Better Access or a GP chronic condition management plan (previously called a chronic disease management plan)	Bloom's published fee, less a Medicare rebate. Bloom is not a bulk billing service, so a gap applies
Private health or self-funded	Anyone without NDIS or Medicare funding for the service	Bloom's published fee. Any private health rebate depends on your policy
Aged care — Support at Home	Older Australians assessed through My Aged Care	Government programme rules, with allied health classified as clinical supports

The same clinician can work under more than one of these. What changes is the rulebook, the rate and who pays the invoice. If you are not sure which applies to you, ring 1300 771 465 and describe your situation before booking.

NDIS pricing: how the rules work

For NDIS participants, Bloom delivers services in line with the NDIS Pricing Arrangements and Price Limits set by the NDIA, including the applicable rules for travel, non-face-to-face time and community-based services. That document is the authority, not this page. You can read the current version on the NDIA pricing page .

What the framework does:

It sets maximum prices, not fixed prices. The Pricing Arrangements set a price limit for each support. Providers must charge at or below the limit.

It applies across the scheme. The limits govern services to NDIA-managed and plan-managed participants, and they are the reference point for self-managed participants too.

It is updated periodically. The schedule changes, and rates change with it. Always work from the current version rather than a figure you saw last year.

It covers more than session time. The arrangements include rules for travel, non-face-to-face work and community-based delivery, which is why a community session and a telehealth session are not priced the same way.

Bloom supports self-managed , plan-managed and agency (NDIA) managed participants, where applicable. If you are unsure how your funding applies, the team can help you work through it.

What a session fee actually pays for

Allied health is not only the hour you are in the room. The NDIS framework recognises non-face-to-face time as a legitimate, billable part of delivering a service. That includes:

writing up clinical notes after a session

preparing for the next session and planning the clinical approach

writing reports and completing assessments

developing therapy plans and support schedules

talking to family, carers, support coordinators, referrers and other providers

senior clinician review of complex cases

developing resources and strategies specific to you

How much of this applies to your service, and how it is charged, is set out in your service agreement before work starts. Ask about it if it is not clear.

Travel

Travel is where confusion is most common. Three things to know:

The Pricing Arrangements cap what can be claimed for travel , and the caps differ depending on how remote your location is. Do not assume a figure you read somewhere applies to you.

Bloom's published fees are inclusive of standard travel charges , unless something different is discussed and agreed in advance. Community session rates are higher than telehealth or consulting room rates for exactly this reason.

You can avoid travel costs entirely by choosing telehealth or a clinic-based session, where that is clinically appropriate for what you need.

Claims and deadlines

For NDIA-managed participants, providers have to submit payment requests within 90 days of delivering the service. Providers must also invoice only after a support has been delivered, never before, and must keep full records of what was delivered.

Your service agreement is the binding document

This is the single most important thing on this page. A published rate card tells you roughly what a service costs. Your service agreement tells you what you will be charged.

A service agreement is a written contract between you and the provider. It must set out:

the supports to be provided and the conditions around them

how services will be delivered — face to face, telehealth, home visit

the hours approved and the tasks to be performed

payment terms and fees, including session rates and travel

what is included and what is excluded

cancellation terms , including notice periods and any short-notice charge

your consent to collection and use of your information

emergency contact details

reporting and documentation requirements

It is discussed, reviewed and signed by both parties before service delivery and billing begin — normally at the initial appointment, before therapy starts. If you cannot sign for yourself, your nominee or guardian signs. The signature date is the formal service engagement date, which matters for timeframes on things like behaviour support plans.

If a provider proposes to change prices in an existing agreement, they must discuss it with you and you must agree before the change takes effect.

What providers are obliged to do on price

These are regulatory obligations, not courtesies. A registered NDIS provider must:

charge within the NDIS Pricing Arrangements and Price Limits

tell you the price of a support before delivering it

request payment only after a support has been delivered

give you an invoice, with charges itemised

keep full and accurate records of supports delivered and of cancellations

discuss and get your agreement on any proposed price change

declare and manage conflicts of interest

Under the NDIS Code of Conduct , providers must act with integrity, honesty and transparency, and pricing must be fair — there should be no significant difference between what an NDIS participant is charged and what any other customer is charged for the same thing.

Providers must also comply with Australian Consumer Law . That means contract terms, including cancellation policies, can be challenged as unfair if they create a significant imbalance between the provider's rights and yours, are not reasonably necessary to protect the provider's legitimate business interests, or would disadvantage you if enforced.

Cancellations

The general position is 48 hours' notice , aligned to NDIS guidelines, and it is applied flexibly depending on the requirements of the funding body involved.

That flexibility is the part worth understanding, because there is no single blanket policy across every funding stream:

Under the NDIS , the notice period and any short-notice charge follow the NDIS Pricing Arrangements and Price Limits, and what applies to you is set out in your service agreement.

WorkSafe Victoria does not fund cancellations at all , so no cancellation fee applies to a WorkSafe-funded appointment.

Other schemes, Medicare arrangements and private bookings each have their own terms, which are confirmed before services begin.

Ask what applies to your funding stream at the time of booking, and check it against your service agreement rather than relying on a general figure.

More on cancellations

Bloom's position is that cancellation and notice period requirements are communicated at the time of booking , and that fees and inclusions are set out in your service agreement. That is where your terms are, and it is where you should look.

This page deliberately does not publish a notice period or a cancellation percentage. Terms vary by service, funding stream and the rules current at the time, and a figure published here could be wrong for your agreement. Ask at the time of booking, and check your signed service agreement.

What the framework requires of any provider: cancellation charges must be transparent, reasonable, communicated before services are delivered, reflect the actual cost of not being able to fill the appointment rather than being punitive, and be consistent with what non-NDIS clients would be charged for the same short-notice cancellation.

How billing works under each plan management type

	Self-managed	Plan-managed	NDIA-managed

Who gets the invoice	You, or your nominee	Your plan manager	Claimed through the NDIS system
Who pays the provider	You do, then you claim reimbursement from the NDIS	The plan manager pays from your budget	The NDIA pays
What you have to do	Pay, keep records, claim	Approve and check statements	Confirm the service happened
Deadline on the provider	As agreed	As agreed with the plan manager	Payment request within 90 days of service

Whichever applies, you have the right to be told the price before the service is delivered, to understand what is included, and to ask your provider to explain any charge on an invoice.

Medicare, private health and self-funded services

Bloom is not a bulk billing service. Medicare rebates are available if you are eligible, which means there will be a gap fee — the difference between Bloom's fee and the rebate. This is discussed with you before services start.

Rebate amounts are set by the Australian Government and change over time. Check current amounts with Services Australia. See the Medicare page for how the pathways and referrals work.

Private health insurance may cover part of the cost. Whether it does, and how much, depends entirely on your policy and its limits. Check with your insurer directly before booking, and expect a gap.

Self-funded clients pay the published rate. Contact Bloom for a current rate card for the discipline you need.

Aged care works differently

If you are an older Australian, you are not in the NDIS. You are in the aged care system, and since 1 November 2025 the main in-home programme is Support at Home , which replaced the Home Care Packages Program and the Short-Term Restorative Care Programme. The Commonwealth Home Support Programme continues separately and is scheduled to transition no earlier than 1 July 2027 .

What this means for cost:

Allied health is classified as a Clinical Support under Support at Home, and clinical supports are fully funded by the Australian Government. Physiotherapy, occupational therapy, speech pathology, exercise physiology, psychology and dietetics sit in this category. The provider fee is drawn against that funding rather than paid by you.

Independence Services and Everyday Living Services can attract a participant contribution , depending on your financial circumstances. That is a different category from clinical supports.

A lifetime cap of $130,000 applies to non-clinical supports , covering both in-home and residential aged care costs outside the clinical category.

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 under Support at Home than they would have under the old arrangements.

Support at Home also replaced the old four package levels with 8 ongoing funding classifications based on assessed need, plus 4 transitioned Home Care Package classifications for people who moved across, and 3 short-term pathways funding assistive technology and home modifications, restorative care after a hospital stay, and end-of-life care. Budgets are allocated quarterly rather than annually, and

assessment runs through a single process at My Aged Care .

For how your own contribution is calculated, talk to My Aged Care or Services Australia. Bloom cannot tell you what your individual contribution will be. See the Support at Home hub and the aged care services pages.

Getting a quote

To get a figure for your situation:

call 1300 771 465

email hello@bloom-healthcare.com.au

make a referral or use the contact page

Have this ready: which funding stream you are using; if NDIS, how your plan is managed and which support category you want to draw from; the service you need; and whether you want it at home, in the community, in a clinic or by telehealth, since the setting affects the rate.

Common questions about fees and funding

What does the NDIS Access Readiness Package cost?

$750 — the current, provider-confirmed price as at August 2026. The package includes a 1-hour consultation (face-to-face or video) and a 1.5-hour brief functional capacity assessment report covering the NDIS eligibility domains, with funding recommendations for a first plan. Older materials and automatically generated summaries may still show $500 or $597 for this package; those figures are superseded. Confirm when you book on 1300 771 465.

Where do I find the price that actually applies to me?

In your service agreement. The rate card on this page tells you the published rate for a service type. The service agreement is the contract, and it sets out your fees, inclusions, exclusions, travel and cancellation terms. It is signed before any work starts.

Does the NDIS set the price, or does Bloom?

Both, in a sense. The NDIA publishes the NDIS Pricing Arrangements and Price Limits , which set the maximum a provider may charge for each support. Bloom charges within those limits. The limits are updated periodically, so always check the current version on the NDIA site.

Why does a home visit cost more than telehealth?

Because travel is part of the cost of delivering the service. Bloom's published fees for community sessions are inclusive of standard travel charges, which is why they sit higher than telehealth and consulting room rates. If cost is a concern, ask whether telehealth or a clinic session would work clinically for what you need.

Am I charged for report writing and phone calls?

Non-face-to-face work — notes, preparation, reports, assessments, therapy plans and talking to the people around you — is a recognised and billable part of allied health delivery under the NDIS

framework. How it applies to your service is set out in your service agreement. Ask before you start if you want to know exactly what is counted.

What is Bloom's cancellation policy?

Cancellation and notice period requirements are communicated at the time of booking and set out in your service agreement. This page does not publish a figure, because the terms vary by service and funding stream and a stale number would be worse than none. Ask when you book.

Does Bloom bulk bill?

No. Bloom is not a bulk billing service. Medicare rebates are available if you are eligible, and there will be a gap fee between Bloom's fee and the rebate. That gap is discussed with you before services start.

Can I claim on private health insurance?

Possibly, depending on your policy and its annual limits. Check with your insurer before booking and expect a gap. You cannot claim the same session from both Medicare and private health.

Will Bloom take my plan-managed or self-managed funding?

Yes. Bloom supports self-managed, plan-managed and agency-managed participants, where applicable. Bloom is a registered NDIS provider, which means it can also deliver to NDIA-managed participants, who are limited to registered providers.

How long is a session?

A standard session is 50 minutes and an initial session is 1 hour.

How much of my NDIS budget will therapy use?

That depends on the rate for the discipline, the setting, the frequency and how much is left in the relevant support category. Your plan manager or support coordinator can tell you your remaining balance. Check the balance of the specific category the service is claimed from, not your plan total, because Capacity Building funding cannot be pulled across from another category. See the NDIS page for how the budgets work.

Do I have to pay for aged care allied health?

Under Support at Home, allied health is classified as a Clinical Support, and clinical supports are fully funded by the Australian Government. Contributions can apply to Independence Services and Everyday Living Services, which are different categories. For your own circumstances, talk to My Aged Care.

What is the $130,000 figure I have seen for aged care?

It is a lifetime cap that applies to non-clinical supports under the aged care system, covering both in-home and residential costs in that category. It does not apply to clinical supports such as allied health. Confirm how it applies to you with My Aged Care or Services Australia.

Can a provider raise its prices mid-agreement?

Not unilaterally. A provider proposing to change prices in an existing service agreement must discuss the change with you, and you must agree before it takes effect. Providers also have to tell you the price of a support before delivering it, and can only request payment after it has been delivered.

Who do I talk to if a charge looks wrong?

Start with Bloom on 1300 771 465 or hello@bloom-healthcare.com.au and ask for an itemised explanation of the invoice. Providers are required to keep full and accurate records of supports delivered and cancellations, and to give you an invoice after delivering a service.

How does Bloom Healthcare set its fees for NDIS participants?

Bloom Healthcare delivers services for NDIS participants in line with the NDIS Pricing Arrangements and Price Limits set by the National Disability Insurance Agency (NDIA), charging fees according to the current NDIS Price Guide, including applicable rules for travel, non-face-to-face time, and community-based services. Bloom does not publish specific NDIS dollar rates on its website, since pricing is governed by the official NDIS regulatory framework that applies to all registered providers.

What types of NDIS plan management does Bloom Healthcare support?

Bloom Healthcare supports self-managed participants, plan-managed participants, and agency-managed participants (where applicable).

What is the NDIS Access Readiness Package and what does it cost?

The NDIS Access Readiness Package is designed to help individuals prepare for and access the NDIS. Its confirmed price is $750 (as of 14 August 2026), and it includes a 1-hour consultation (face-to-face or via video), a 1.5-hour brief functional capacity assessment report covering NDIS eligibility domains, and personalized funding recommendations for a first NDIS plan.

Does Bloom Healthcare bulk-bill Medicare services?

No, Bloom Healthcare is not a bulk-billing service. Medicare rebates are provided if a client is eligible, but gap fees will apply.

Are travel charges included in Bloom Healthcare's Medicare and private fees?

Yes, all Medicare, private health, and privately funded service fees are inclusive of standard travel charges, unless otherwise discussed and agreed in advance.

What are Bloom Healthcare's listed Psychology service fees?

Bloom Healthcare's Psychology fees are: Initial consultation $280; Telehealth $240 per session; Consulting room $252 per session; Community sessions (inclusive of travel) $360 per session; and other related requests (including travel) $240 per hour.

How can someone contact Bloom Healthcare about pricing or services?

Bloom Healthcare can be contacted by phone at 1300 771 465 or by email at hello@bloom-healthcare.com.au; the legal entity is Bloom Healthcare Pty Ltd.

What is Bloom's cancellation policy?

Cancellation and notice period requirements are communicated at the time of booking and set out in your service agreement. This page does not publish a figure, because the terms vary by service and funding stream and a stale number would be worse than none. Ask when you book.

Where do I find the price that actually applies to me?

In your service agreement. The rate card on this page tells you the published rate for a service type. The service agreement is the contract, and it sets out your fees, inclusions, exclusions, travel and cancellation terms. It is signed before any work starts.

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Both, in a sense. The NDIA publishes the NDIS Pricing Arrangements and Price Limits, which set the maximum a provider may charge for each support. Bloom charges within those limits. The limits are updated periodically, so always check the current version on the NDIA site.

Why does a home visit cost more than telehealth?

Because travel is part of the cost of delivering the service. Bloom's published fees for community sessions are inclusive of standard travel charges, which is why they sit higher than telehealth and consulting room rates. If cost is a concern, ask whether telehealth or a clinic session would work clinically for what you need.

Am I charged for report writing and phone calls?

Non-face-to-face work, meaning notes, preparation, reports, assessments, therapy plans and talking to the people around you, is a recognised and billable part of allied health delivery under the NDIS framework. How it applies to your service is set out in your service agreement. Ask before you start if you want to know exactly what is counted.