

Media Release

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Private Healthcare Australia
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From \$650 to \$5,650: The steep rise in specialist doctor fees for common medical procedures

Australians are facing soaring medical bills for common private hospital procedures, with some costing nine times more than they did five years ago, data from Private Healthcare Australia (PHA) shows.

Between 2018–19 and 2023–24, the median out-of-pocket medical fees charged by doctors including surgeons, anaesthetists and assistant surgeons has surged for many procedures. Some of the biggest price rises have occurred for:

- Deep brain stimulation surgery for Parkinson’s Disease - up from a median out-of-pocket cost of \$790 to \$6,000.
- Biliopancreatic diversion surgery for major weight loss - now \$5,650 compared to \$650 in 2019.
- Double knee replacement surgery more than tripled from \$1,910 to \$4,750.
- Kidney removal due to a tumour - tripled from \$1,110 to \$3,510.
- Prostate surgery - more than doubled from \$1,830 to \$3,900.
- Spinal fusion surgery - increased from \$700 to \$2,640

These sharp increases reflect a broader trend of escalating specialist charges in the private health system.

Australian Prudential Regulation Authority (APRA) data shows average out-of-pocket fees for hospital episodes have risen by 65% since 2020.

“Australians deserve access to quality care without being priced out,” said Private Healthcare Australia CEO, Dr Rachel David.

“Doctors are entitled to charge fairly, but fees that double, triple and increase up to nine times in a few years are unsustainable. Patients end up facing massive bills or waiting years for treatment in the public system. Neither Medicare nor private health insurers can keep pace without pushing up taxes and premiums.”

Research shows the affordability crisis is already affecting patient behaviour and blocking access to the private hospital system. Studies by the Australian Bureau of Statistics, La Trobe University and Patients Australia show up to 20% of Australians are delaying or skipping specialist appointments due to cost. The Grattan Institute estimates over a million people each year miss out on seeing a specialist because they cannot afford it.

Health insurers are not permitted to cover appointments with specialist doctors outside a hospital. If they could cover these fees, they would. This means some people are having to pay up to \$1,000 for a first appointment before they can even access ongoing treatment in a private hospital with their health cover.

Health Minister Mark Butler has described rising specialists’ fees as a “BBQ stopper” for Australian households and has promised to publish more than 11,000 doctors’ fees on the Medical Costs Finder website to improve transparency for consumers. Other potential reforms being discussed include:

- boosting competition with more doctors in areas of high need
- allowing ‘un-named’ GP referrals so patients can shop around for better value
- automating the referral process from GPs to non-GP specialists so GPs can show their patient the options, and follow up if non-attendance is flagged

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- expanding the use of nurse practitioners, midwives, and allied health professionals to improve access
- requiring upfront quotes for all private procedures, including anaesthetist and assistant surgeon fees, and
- stronger compliance with the Medicare Benefits Schedule (MBS) and penalties for inappropriate billing.

“Private health insurance plays a vital role in giving Australians timely access to care,” Dr David said.

“But affordability depends on all parties taking responsibility to prevent unsustainable fee increases and protecting patients from excessive costs.”