THERAPY NEAR ME RESEARCH

Australian Psychology Fees and Affordability Methodology and Technical Appendix 2026

Standalone methods, uncertainty, limitations, future-study requirements, technical formulas and traceability extracts from the final targeted public-source review.

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Publication status

This appendix supports a targeted public-source review. It is not a probability-sample survey and does not provide official state or territory rankings. Experimental model outputs are included only to document method behaviour and uncertainty.

Permanent report page:
https://therapynearme.com.au/australian-psychology-fees-affordability-evidence-review-2026/

Contents and source-page mapping

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This standalone file reproduces selected pages from the final report without altering their text, tables, figures, citations or original page numbering. Section 16 appears at the start of the first extracted source page because Section 17 begins later on that page.

For the complete findings, references and public fee-source register, use the full report and permanent report page.

16. Advertised concessions and bulk billing

Concession, hardship or reduced-fee language was identified for 8 of 48 globally unique exact-fee policies (16.7%). No exact-fee policy explicitly advertised bulk billing for the standard subsequent service included in the analysis.

These measures describe advertised policy language. They do not establish consumer eligibility, available places, duration, whether each clinician participates or whether a particular consumer received the arrangement. “Unclear” was not interpreted as “not available”; it was coded as no explicit advertised evidence for the prevalence calculation.

17. Experimental affordability-index methodology

The experimental model was developed to test component construction, scoring direction, normalisation, weighting, sensitivity and rank uncertainty. It was not used to produce official Australian jurisdiction rankings.

Table 13. Experimental index components and model weights

Unit: Percentage weights. Reference period: Targeted dataset and provisional base-year anchors. Sample: Eight jurisdiction component sets. Source: Deep_Research_Index and model specifications. Publication status: Experimental methodology only.

Note: Lower cost and burden components were scored so that higher values indicated better affordability. C6 was degenerate because no policy explicitly advertised bulk billing and received the neutral score specified in the workbook.

Code	Component	Direction	Equal weight	Research justified	Core burden	Absolute cost	Support weighted
C1	Median consumer gap	Lower is better	1/6	0	0	50%	0
C2	Median gap / modelled weekly income	Lower is better	1/6	70%	100%	0	60%
C3	Ten-session cost / modelled annual income	Lower is better	1/6	0	0	0	0
C4	Minimum-wage hours per median gap	Lower is better	1/6	0	0	30%	0
C5	Advertised concession availability	Higher is better	1/6	5%	0	10%	10%
C6	Advertised bulk-billing availability	Higher is better	1/6	5%	0	10%	10%
C7	Lower-cost quartile burden	Lower is better	0	20%	0	0	20%

For lower-is-better components, the provisional P10/P90 score was:

$$Score = 100 \times (P90 - X) / (P90 - P10), \text{ capped to 0-100}$$

For higher-is-better components, the numerator direction was reversed. The equal-weight model is exploratory because C1 and C4 are proportional under a common wage, and C2 and C3 are closely related under annualisation. The research-justified model therefore concentrated weight on income-relative burden and lower-cost burden, with limited weight on advertised support options.

18. Experimental model results - not official jurisdiction rankings

Mandatory interpretation

These ranks describe the small targeted public-source dataset under an experimental model. They are not estimates of the true affordability rank of Australian states or territories.

Table 14. Experimental jurisdiction scores with uncertainty

Unit: Score 0-100 and rank positions. Reference period: Targeted prices accessed 18 July 2026. Sample: Eight jurisdictions; 2,000 policy-cluster bootstrap replicates. Source: Deep_Research_Index and Deep_Research_Bootstrap. Publication status: Experimental only - not official rankings.

Note: Point ranks must be interpreted with score intervals, rank intervals and sensitivity classifications.

Jur.	Experimental score	Point rank	95% score interval	90% rank interval	Deterministic rank range	Combined sensitivity
NSW	36.99	5	7.61-93.32	2-7	3-6	Highly sensitive
VIC	82.82	3	29.97-97.50	1-5	1-3	Moderately sensitive
QLD	61.80	4	28.88-92.57	2-5	1-5	Highly sensitive
WA	86.60	2	2.50-92.50	1-8	1-5	Highly sensitive
SA	2.50	8	2.50-43.22	6-8	5-8	Moderately sensitive
TAS	30.53	6	2.50-61.17	4-8	2-8	Highly sensitive
ACT	92.50	1	66.97-92.50	1-3	1-7	Highly sensitive
NT	8.80	7	5.09-57.26	5-7	4-8	Highly sensitive

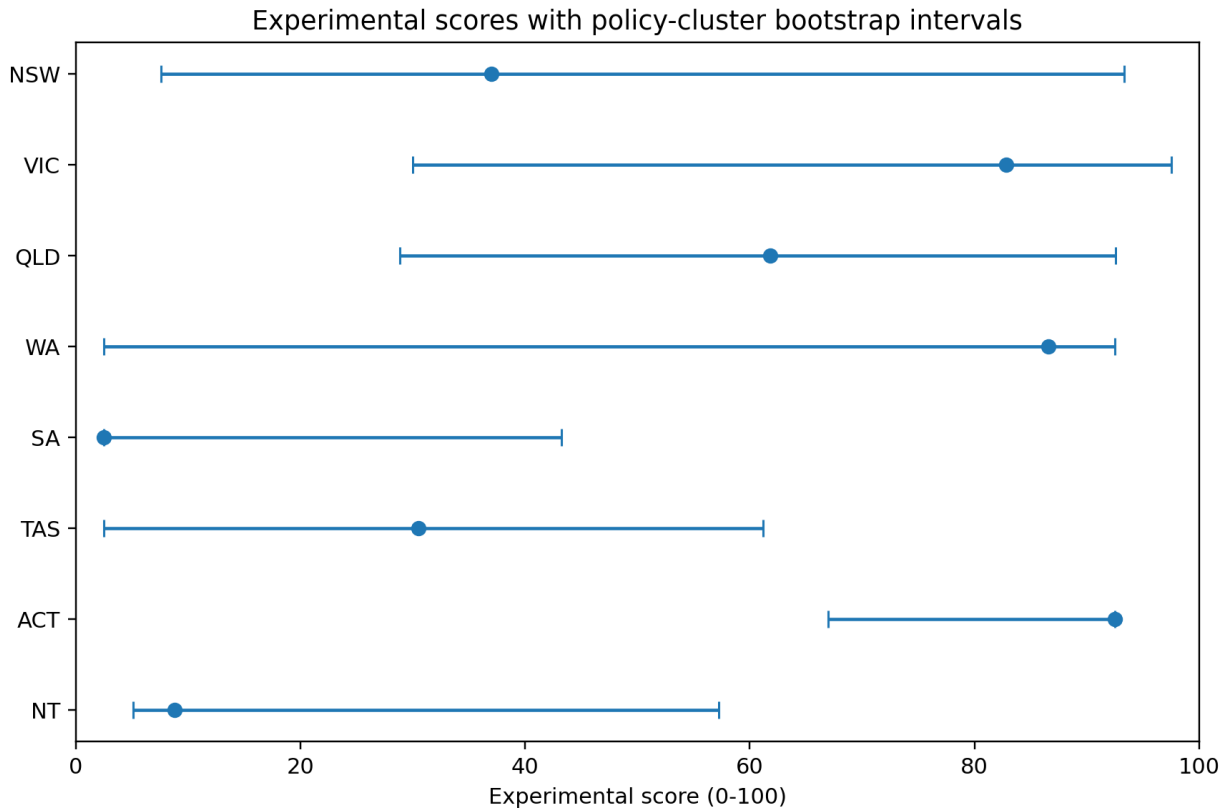

Figure 8. Experimental scores with policy-cluster bootstrap intervals

Source: Deep_Research_Index and Deep_Research_Bootstrap. Sample: Eight jurisdictions; 2,000 replicates. Experimental targeted dataset; not design-based uncertainty.

Table 16. Bootstrap rank probability distributions

Unit: Probability by experimental rank. Reference period: 2,000 pricing-policy cluster bootstrap replicates. Sample: Eight jurisdictions; 16,000 jurisdiction-replicate rows. Source: Deep_Research_Bootstrap and Bootstrap_Replicates. Publication status: Experimental unweighted uncertainty.

Note: Each replicate re-estimated components, P10/P90 anchors, scores and ranks.

Jur.	Policies	Rank probability distribution	90% rank interval	Interpretation
NSW	10	1:3.5%; 2:5.3%; 3:11.5%; 4:20.2%; 5:28.3%; 6:18.1%; 7:11.3%; 8:1.7%	2-7	Wide
VIC	12	1:25.5%; 2:27.4%; 3:22.9%; 4:13.8%; 5:7.8%; 6:2.2%; 7:0.5%	1-5	Wide
QLD	12	1:3.4%; 2:9.7%; 3:29.6%; 4:39.9%; 5:15.5%; 6:1.8%; 7:0.1%	2-5	Material
WA	3	1:13.7%; 2:33.1%; 3:17.2%; 4:9.2%; 5:2.9%; 6:3.4%; 7:13.8%; 8:6.9%	1-8	Wide
SA	4	5:1.0%; 6:6.7%; 7:28.7%; 8:63.6%	6-8	Material
TAS	2	2:0.1%; 3:1.4%; 4:12.0%; 5:33.6%; 6:28.3%; 8:24.7%	4-8	Wide
ACT	4	1:54.0%; 2:24.6%; 3:17.3%; 4:3.9%; 5:0.2%	1-3	Material
NT	2	4:1.1%; 5:10.8%; 6:39.4%; 7:45.5%; 8:3.1%	5-7	Material

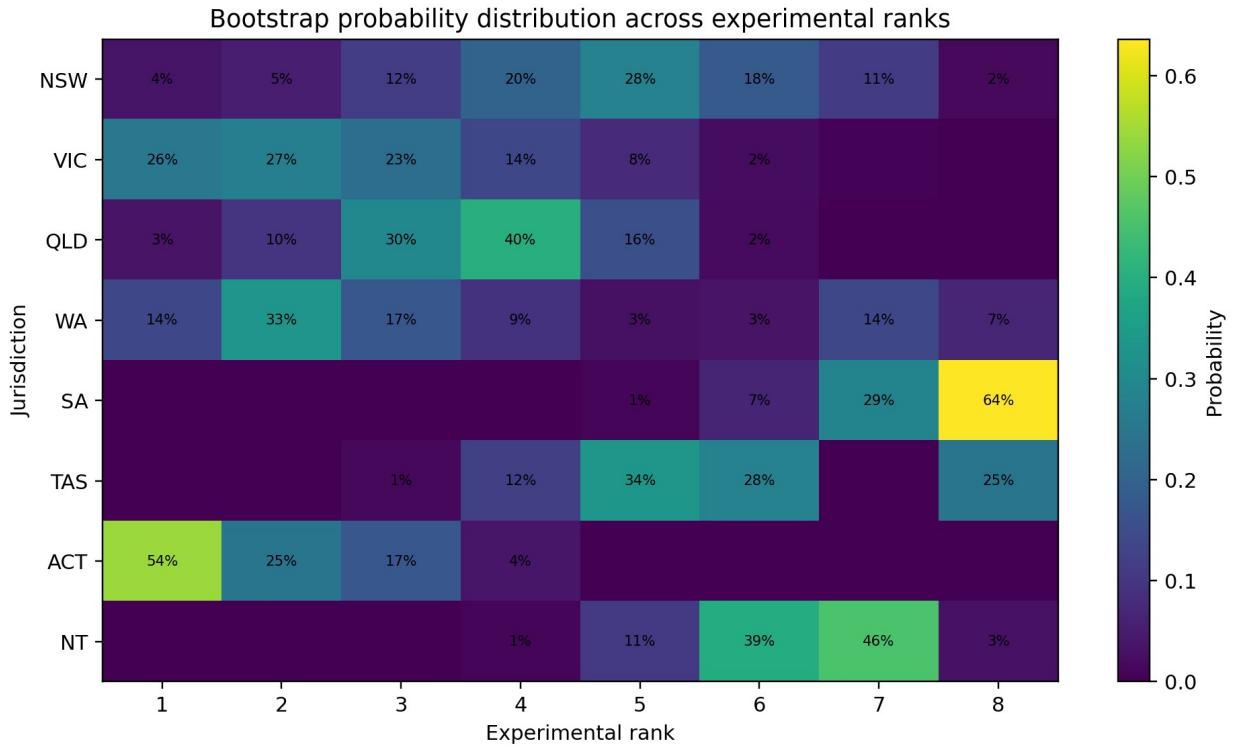

Figure 9. Bootstrap probability distribution across experimental ranks

Source: Bootstrap_Replicates. Sample: Eight jurisdictions; 2,000 replicates. Unweighted pricing-policy cluster bootstrap; not probability-design inference.

19. Sensitivity and uncertainty

The completed deterministic analysis compared equal weighting, core burden, absolute-cost and support-weighted models; removed each headline component; used min-max and percentile-rank normalisation; retained raw 2021 income; used an alternative Average Weekly Earnings uprating factor; compared location-weighted and one-pricing-policy aggregation; and tested limited Northern Territory non-disclosure bounds.

Each bootstrap replicate resampled identified pricing policies within jurisdiction and re-estimated jurisdiction components, P10/P90 anchors, scores and ranks. The bootstrap was unweighted and was not stratified by probability-selected SA2s because no such sample existed. It quantifies instability within the targeted dataset, not national design-based uncertainty.

Table 15. Deterministic sensitivity results

Unit: Experimental rank positions. Reference period: Targeted dataset, 18 July 2026. Sample: Eight jurisdictions; 16 rank scenarios. Source: Deep_Research_Sensitivity. Publication status: Experimental only.

Note: The table selects major model families; the workbook contains the complete set.

Jur.	Headline	Equal	Core	Absolute	Support	Min-max	Percentile	Location-weighted	Rank range	Classification
NSW	5	5	6	6	5	5	5	5	3-6	Moderately sensitive
VIC	3	1	3	3	2	3	3	3	1-3	Moderately sensitive
QLD	4	2	4	1	4	4	4	4	1-5	Highly sensitive
WA	2	3	2	4	3	2	2	1	1-5	Highly sensitive
SA	8	7	8	5	8	8	8	7	5-8	Moderately sensitive
TAS	6	4	5	2	6	6	5	8	2-8	Highly sensitive
ACT	1	6	1	7	1	1	1	2	1-7	Highly sensitive
NT	7	8	7	8	7	7	7	6	4-8	Highly sensitive

The raw 2021 and alternative AWE income models did not change the experimental point ranks after anchors were re-estimated. Location weighting changed several positions, and removal of components changed some jurisdictions by multiple ranks. When deterministic variation was combined with the bootstrap intervals, six jurisdictions were classified as highly sensitive and two as moderately sensitive; none met the combined stable classification.

23. Methodology

23.1 Research question and design

The review asked what exact standard psychology fees were publicly advertised in a targeted national web-based search, what Medicare gaps followed under current item rules, and what illustrative burdens resulted under stated income and wage benchmarks. The targeted search did not create known inclusion probabilities.

23.2 Inclusion criteria

- Publicly accessible clinic or practitioner source page.
- Exact provider charge rather than an unmapped range or “from” price.
- Routine or subsequent individual psychology consultation.
- Duration of 50-60 minutes, including clearly stated ranges such as 50-55 minutes.
- Clinical psychologist or registered psychologist category sufficiently stated on the source page for initial coding.
- In-person service for jurisdiction analysis or national telehealth-only service retained in a separate stratum.

23.3 Exclusions and coding

- Initial appointments, assessment packages, reports, after-hours premiums, student or provisional prices and undefined ranges were excluded from the primary standard-fee analysis.
- Concession prices were recorded separately and not substituted for the standard fee.
- Shared schedules were assigned pricing-policy identifiers. National results retained one copy of each globally unique fee variant; jurisdiction analysis retained one copy within each jurisdiction-policy unit.
- Provider charges were not taken from the MBS Schedule fee and outdated clinic-page rebate text was not used as the current Medicare input.
- Therapy Near Me fees were excluded.

23.4 Geography

Clinic-locations were assigned to state or territory and a broad capital city, capital-region or regional-centre grouping. Final SA2, SEIFA and Remoteness Area verification was not completed. No Remote or Very Remote result is reported.

23.5 Economic inputs

State median weekly household incomes came from 2021 Census QuickStats and were uprated approximately to March 2026 using compounded WPI movements. Raw 2021 values and an AWE-based factor were used in sensitivity analysis. The National Minimum Wage was entered separately as an hourly and weekly official value.

23.6 Experimental index and bootstrap

The experimental model normalised jurisdiction component estimates to provisional P10/P90 anchors. Higher scores indicated better affordability. A 2,000-replicate policy-cluster bootstrap, using random seed 20260718, resampled pricing policies within each jurisdiction and recalculated components, anchors, scores and ranks. The machine-readable output contains 16,000 jurisdiction-replicate rows.

24. Limitations

Table 17. Limitations and evidence-status register

Unit: Qualitative status. Reference period: Research cut-off 18 July 2026. Sample: 19 material limitations. Source: Methodology and Publication_Gate. Publication status: Final disclosure.

Note: Limitations apply to interpretation of all results.

Limitation	Effect on interpretation
Targeted convenience search	The frame was assembled through targeted web research rather than probability-selected SA2s. Web-visible clinics are likely overrepresented.
No design weights	Known inclusion probabilities, calibration weights and valid effective sample sizes were unavailable.
Small jurisdiction samples	Jurisdictions contributed two to 12 independent pricing policies and did not meet the future study thresholds.
Differential fee disclosure	Clinics without visible prices may differ systematically from those with visible prices.
Changing webpages	Provider charges and policy language may change after the research cut-off.
Contractor variation	Some clinic pages stated that individual practitioner fees may vary from a guidance price.
Shared pricing policies	Several clinic-locations used the same schedule; deduplication choices affected experimental results.
Incomplete AHPRA verification	Practitioner-category coding was not independently checked against the AHPRA register for every observation.
No independent double coding	The supplied record does not document a completed second-coder review or adjudication.
No archived source captures	URLs and access dates were recorded, but archive captures remained pending.
Limited telehealth-only evidence	The separate national telehealth-only stratum contained one provider and two fee variants.
No verified remote stratum	Remote and Very Remote findings could not be produced.
Modelled income	Current household income was modelled from 2021 Census values using wage series; it was not observed current disposable income.
Gross burden	Income and wage burdens are gross and do not account for tax or living costs.
No patient-level eligibility	The study did not observe patient income, referral status, prior service use or Safety Net position.
No access or quality outcome	Fees do not measure waiting times, service quality, suitability or treatment outcomes.
Safety Net excluded	Primary burdens did not model individual Medicare Safety Net effects.
Future schedule unavailable	The operative 1 January 2027 MBS values were not available at the 18 July 2026 cut-off.
Experimental anchors and ranks	Scores depend on provisional anchors and normative weights, with wide bootstrap distributions.

25. Conflicts of interest

Therapy Near Me is a mental-health service provider and has a commercial interest in the Australian psychology market. Therapy Near Me fee observations were excluded from the public-fee dataset. The report should be interpreted with the declared commercial interest in mind. The research methods, calculation workbook and public source register are provided to support scrutiny.

26. Funding statement

This research was prepared using internal financial and in-kind resources. No external research grant or commissioned funding was identified in the supplied research record. No external funder role in study design, data collection, analysis, interpretation, writing or publication decisions is reported.

27. Authorship and contributor roles

Corporate author: Therapy Near Me Research Team.

Contributor role	Corporate contribution record
Conceptualisation	Research question, publication framing and analytical scope
Methodology	Public-source fee protocol, Medicare mapping, burden formulas and experimental index design
Data collection	Targeted public web search and source recording
Validation	Internal source and calculation checks; external validation not completed
Formal analysis	Descriptive statistics, burden calculations, sensitivity analysis and bootstrap
Medicare-policy review	Verification of current item amounts, Better Access limits and Safety Net rules
Writing	Health-policy, economic and data-journalism synthesis
Visualisation	Fee, burden, experimental score and evidence-gap figures
Supervision and project administration	Therapy Near Me research publication workflow

28. Review and governance

The supplied research record documents internal statistical auditing, Medicare-policy verification and public-source review. It does not document completed external peer review, independent double coding or independent AHPRA verification for every fee observation. This publication is therefore not described as peer reviewed.

The project used publicly available business information, did not record personal health information and did not contact clinics as part of the supplied research process. No external human research ethics approval is reported. The publication should be governed as a public-source service-price review, with corrections handled under the policy in Section 33.

29. Future national-index research

The defined public-source review is complete, but the originally proposed probability-sample index would require a separate national fieldwork program. The frozen future design specifies 320 probability-selected SA2s, approximately 1,600 clinic-location pricing units, known inclusion probabilities, minimum jurisdiction samples, remote oversampling and independent QA.

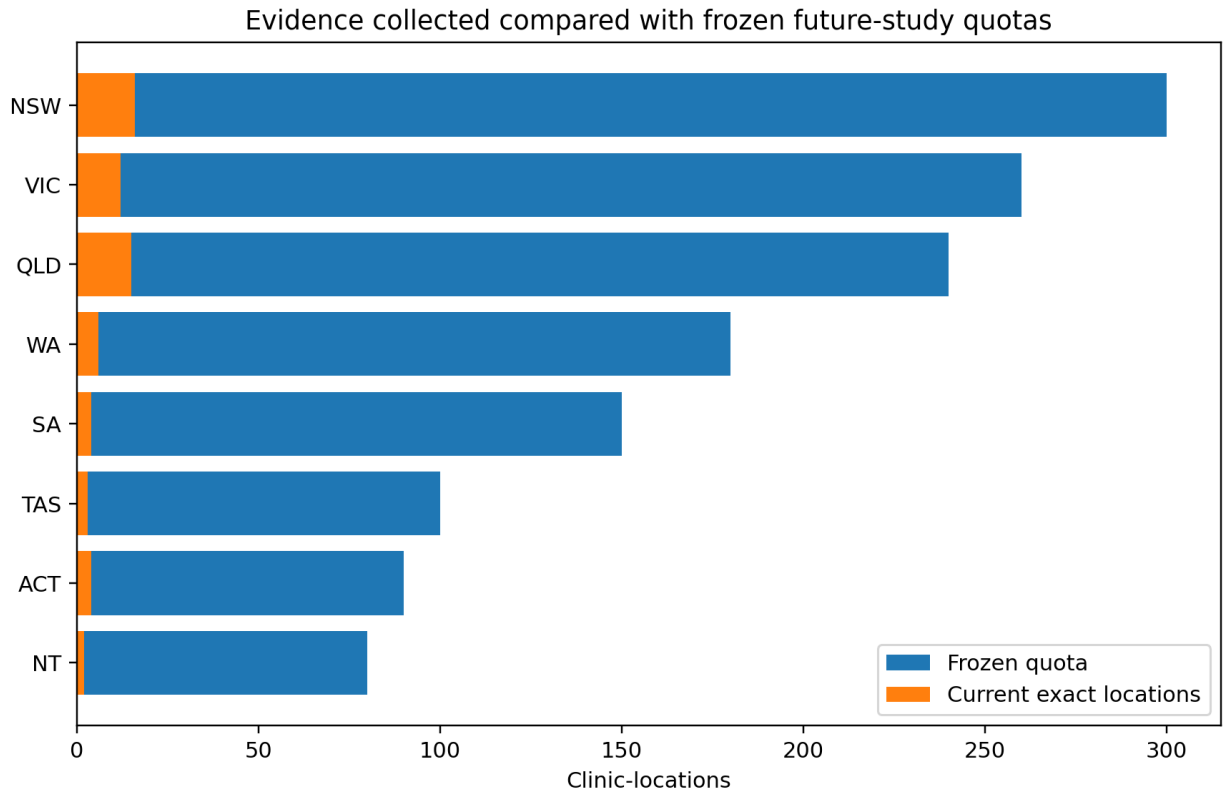

Figure 10. Evidence collected compared with frozen future-study quotas

Source: Fieldwork_Remaining. Sample: Eight jurisdictions. The figure describes future research requirements, not a quality score for this report.

Table 18. Future national-index fieldwork requirements

Unit: Clinic-location and SA2 counts. Reference period: Research plan at 18 July 2026. Sample: Eight jurisdictions plus national telehealth-only stratum. Source: Fieldwork_Remaining and Publication_Gate. Publication status: Future research agenda.

Note: Current exact locations arose from targeted research and are not probability-selected.

Jur.	Target locations	Current exact	Remaining	Publishable min.	Remaining to min.	SA2 target	Probability SA2s	Required action
NSW	300	16	284	100	84	68	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
VIC	260	12	248	100	88	56	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
QLD	240	15	225	100	85	56	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
WA	180	6	174	100	94	40	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
SA	150	4	146	100	96	34	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.

Jur.	Target locations	Current exact	Remaining	Publishable min.	Remaining to min.	SA2 target	Probability SA2s	Required action
TAS	100	3	97	100	97	24	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
ACT	90	4	86	60	56	20	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
NT	80	2	78	60	58	22	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.
NATIONAL	200	1	199	100	99	Separate national stratum	0	Complete the frozen random SA2/clinic selection and collect exact fee-disclosure outcomes, including clinics with no public fee.

Additional requirements include calibrated and trimmed design weights, effective sample sizes, complete fee non-disclosure sensitivity, archived source evidence, independent double coding, AHPRA category verification, a stratified design bootstrap, approved base-year anchors, operative 1 January 2027 MBS values and a final publication-lock audit.

30. Technical appendix

30.1 Core formulas

$$\textit{Consumer gap: } G = \max(F - R, 0)$$

$$\textit{Eligible course cost: } C_n = nG,\ n \in \{6, 8, 10\}$$

$$\textit{Same-year 12-session scenario: } C_{12} = 10G + 2F$$

$$\textit{Same-year 13-session scenario: } C_{13} = 10G + 3F$$

$$\textit{Weekly income burden} = G / \textit{modelled gross weekly household income}$$

$$\textit{Ten-session annual burden} = 10G / \textit{modelled gross annual household income}$$

$$\textit{Minimum-wage hours} = G / 26.44$$

30.2 Income uprating

Primary model: 2021 Census median weekly household income multiplied by 1.168014523, an approximate factor obtained by compounding published seasonally adjusted quarterly WPI movements from December 2021 to March 2026. Alternative sensitivity: November 2025 full-time adult ordinary-time earnings divided by the corresponding November 2021 value, producing the factor retained in Economic_Sensitivity.

30.3 Normalisation

$$\textit{Lower is better: } S = 100 \times (U - X) / (U - L)$$

$$\textit{Higher is better: } S = 100 \times (X - L) / (U - L)$$

L and U were provisional P10 and P90 anchors. Scores were capped to 0-100. When lower and upper anchors were equal, the degenerate component received a neutral score of 50. Missing components were not silently reweighted in the model definitions used.

30.4 Bootstrap

The pricing-policy cluster bootstrap used 2,000 replicates and random seed 20260718. Within each jurisdiction, independent pricing policies were sampled with replacement. Every replicate re-estimated component statistics, P10/P90 anchors, scores and rank positions. The output contains 16,000 jurisdiction-replicate records. It is not a stratified design bootstrap.

30.5 Limited non-disclosure bound

The workbook tested a limited Northern Territory bound by assigning two non-exact locations synthetic gaps at the national observed P10 or P90. This is a narrow diagnostic bound and not a complete missing-price model.

30.6 Table-to-workbook mapping

Report content	Authoritative workbook sheet
Study scope, source coverage and disclosure	README; Deep_Research_Sources; Deep_Research_Clinic_Frame
Fee distributions and category results	Deep_Research_Fees
Medicare gap and course calculations	Deep_Research_Burdens; Economic_Inputs
Jurisdiction results	Deep_Research_State_Results
Regional comparison	Deep_Research_Regional_Results
Experimental components, scores and intervals	Deep_Research_Index
Deterministic sensitivity	Deep_Research_Sensitivity
Bootstrap summary and replicate data	Deep_Research_Bootstrap; Bootstrap_Replicates
Future study requirements	Fieldwork_Remaining; Publication_Gate

31. Recommended citation

APA 7: Therapy Near Me Research Team. (2026). Australian Psychology Fees and Affordability Evidence Review 2026: A national public-source scan of advertised fees, Medicare gaps and household financial burden (Version 1.0). Therapy Near Me. https://therapynearme.com.au/australian-psychology-fees-affordability-evidence-review-2026/

Harvard: Therapy Near Me Research Team 2026, Australian Psychology Fees and Affordability Evidence Review 2026: A national public-source scan of advertised fees, Medicare gaps and household financial burden, version 1.0, Therapy Near Me, viewed [date], https://therapynearme.com.au/australian-psychology-fees-affordability-evidence-review-2026/.

Citation scope

Cite this report for the targeted public-source fee scan, original affordability calculations and experimental model analysis. Cite the original government source when reproducing an official MBS, ABS, AIHW, Fair Work or Services Australia statistic.

34. Traceability appendix

Table 19. Claim-to-source traceability matrix

Unit: Claim metadata. Reference period: Research cut-off 18 July 2026. Sample: 14 major claims. Source: Authoritative workbook and official sources. Publication status: Final audit record.

Note: All executive-summary and key-finding numbers are represented.

ID	Final claim	Report support	Workbook/ source	Calculation	Numerator	Denominator	Unit	Geography	Period	Aggregation	n	Uncertainty	Status
ES1	65 clinic-locations in targeted frame	Table 1	Deep_Research_Clinic_Frame	Clinic-location count	65	Targeted clinic-locations	count	Australia	18 Jul 2026	Targeted frame	65	No design uncertainty	Internal audit
ES2	63 clinic-locations with exact fees	Tables 1 and 3	Deep_Research_Clinic_Frame	Exact disclosure count	63	65 clinic-locations	count and %	Australia	18 Jul 2026	Targeted frame	65	No design uncertainty	Internal audit
ES3	108 raw observations; 81 primary fee variants	Table 1	Deep_Research_Fees	Deduplication by fee_variant_id	108 / 81	Location rows / unique variants	count	Australia	18 Jul 2026	Location and policy-variant	108	No design uncertainty	Internal audit
ES4	Median local advertised fee $260	Table 5; Figure 1	Deep_Research_Fees	Median local primary fee	$260	79 fee variants	AUD	Australia	18 Jul 2026	One global fee variant per policy	79	IQR $235-$275	Internal audit
ES5	Median local consumer gap $130.95	Table 6	Deep_Research_Burdens	Median max(F-R,0)	$130.95	79 fee variants	AUD	Australia	Fees 18 Jul; MBS 1 Jul 2026	One global fee variant per policy	79	IQR $116.95-$149.70	Internal audit
ES6	Clinical median $275; registered $239	Table 2; Figure 2	Deep_Research_Fees	Category medians	$275 / $239	41 / 38 variants	AUD	Australia	18 Jul 2026	One global fee variant per policy	79	Descriptive	Internal audit
ES7	Ten-session median $1,309.50; 12 $1,809.50; 13 $2,084.50	Tables 7-8	Deep_Research_Burdens	Course formulas	$1,309.50 / $1,809.50 / $2,084.50	79 variants	AUD	Australia	MBS effective 1 Jul 2026	Row-level median	79	Descriptive	Internal audit
ES8	Median gap 6.50% of modelled weekly income	Table 9	Deep_Research_Burdens; Economic_Inputs	G / modelled weekly income	6.50%	79 variants	percentage	Australia	Income model to Mar 2026	Row-level median	79	IQR 5.84%-7.31%	Internal audit
ES9	Median gap 4.95 minimum-wage hours	Table 10	Deep_Research_Burdens	G / 26.44	4.95	79 variants	hours	Australia	Wage effective 1 Jul 2026	Row-level median	79	IQR 4.42-5.66 hours	Internal audit
ES10	Advertised concession policy rate 16.7%; bulk billing 0%	Table 3	Deep_Research_Fees	Any explicit policy language	8 / 0	48 globally unique exact policies	percentage	Australia	18 Jul 2026	Policy level	48	No design uncertainty	Internal audit

ID	Final claim	Report support	Workbook/ source	Calculation	Numerator	Denominator	Unit	Geography	Period	Aggregation	n	Uncertainty	Status
ES11	Six highly sensitive; two moderately sensitive; none stable	Tables 14-16	Deep_Research_Index; Deep_Research_Bootstrap	Combined deterministic and bootstrap classification	6 / 2 / 0	8 jurisdictions	count	Australia	18 Jul 2026	Experimental model	8	2,000 bootstrap replicates	Internal audit
CTX1	25.3% delayed or did not see psychologist due to cost	Section 20	ABS Patient Experiences	Published survey estimate	25.3%	People who needed a psychologist	percentage	Australia	2024-25	ABS survey	National survey	ABS sampling error applies	Official source
CTX2	21.5% had a 12-month mental disorder	Section 20	ABS National Study	Published survey estimate	21.5%	People aged 16-85	percentage	Australia	2020-2022	ABS survey	19.8m population base	ABS sampling error applies	Official source
CTX3	2.8 million received Medicare mental health services	Section 20	AIHW Medicare mental health services	Administrative service-use estimate	2.8m	Australian population	people	Australia	2024-25	Administrative data	National	AIHW limitations apply	Official source

35. Public fee-source register

The following source register lists the public clinic pages used in the targeted frame. Fee values and coding are contained in the research workbook. Source access date was 18 July 2026. Archive captures and independent AHPRA cross-checks remained pending at the research cut-off.

Table 20. Public fee-source register

Unit: Source IDs and URLs. Reference period: Accessed 18 July 2026. Sample: 50 public source pages. Source: Deep_Research_Sources. Publication status: Final source register; independent archive/AHPRA QA pending.

Note: Clinic pages may change after the research cut-off.

Source ID	Organisation	Scope	Exact fee found	URL
DRS-001	Ivy Psychology	NSW	Yes	https://www.ivypsychology.com.au/fees
DRS-002	ST&A Psychology	NSW	Yes	https://stapsychology.com/rebates-fees/
DRS-003	The Psychology Alley	NSW	Yes	https://thepsychologyalley.com.au/fees-rebates
DRS-004	Mind Project Clinical Psychology	NSW	Yes	https://www.mindproject.com.au/fees/faq
DRS-005	MindBox Psychology	NSW	Yes	https://mindboxpsychology.com.au/faqs/
DRS-006	The Psychology Spot	NSW	Yes	https://www.thepsychologyspot.com.au/wollongong-psychologist-fee-schedule
DRS-007	ELD Psychology	NSW	Yes	https://www.eldpsychology.com.au/psychologist-fees-medicare-rebate
DRS-008	River Psychology	NSW	Yes	https://www.riverpsychology.com.au/fees