Assignment of Medicare Benefit

Bulk billing consent

What this form is for

Bulk billing means you agree to assign your Medicare benefit for this service to the practitioner, who accepts that benefit as full payment. You will not be charged for the service covered by this agreement. Please check the details below, then sign to give your consent. Your practice will keep a copy for two years and give you a copy on request.

1 Patient details

PATIENT FULL NAME (PERSON WHO WILL RECEIVE THE SERVICE)

DATE OF BIRTH (OPTIONAL)

2 Practitioner details (COMPLETED BY THE PRACTICE)

PRACTITIONER NAME

PRACTITIONER PROVIDER NUMBER

3 Service details (COMPLETED BY THE PRACTICE)

SELECT YOUR AGREEMENT TYPE

☐ This is a Pre-assignment agreement

BASIC SERVICE DESCRIPTION

Select a basic service description, a broad category that covers a range of item numbers.

☐ GP – Short ☐ GP - Long

☐ GP – Standard ☐ Allied Health

☐ Other:

DATE OF SERVICE

☐ This is a Post-assignment agreement

MBS ITEM NUMBER(S)

Enter the MBS item number(s) for the service(s) provided.

DATE OF SERVICE

4 Your agreement

I assign to the practitioner named above my right to the Medicare benefit payable for the service(s) described in this form. I understand the practitioner accepts the Medicare benefit as full payment, and that I will not be charged for those service(s).

5 Signature

☐ I am the patient ☐ I am signing on behalf of the patient

IF SIGNING ON BEHALF OF THE PATIENT: YOUR FULL NAME

RELATIONSHIP TO PATIENT*

*e.g. parent, partner, carer, relative, friend, or person holding power of attorney

SIGNATURE

DATE AGREEMENT SIGNED

The practice retains this agreement for at least two years and will provide a copy to the patient on request.