Enhanced Primary Care (EPC) Program Referral form for Allied Health Services under Medicare

	complete	_	_	P:						
Please tick the relevant box below: Patient has an EPC Multidisciplinary Care Plan in place (MBS item 720, 722, 730 or 731) OR										
Patient has a GP Management Plan and Team Care Arrangements in place (MBS item 721 AND 723) Note: GPs are encouraged to attach a copy of the relevant part of the natient's care plan to this form										
Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.										
	Medi				Insurance benefits can at they must <u>choose</u> whe					
GP det	tails					NOTE	E: Releva	nt MBS item(s) above	must be	
Provider Number					BILLED by GP prior to patient receiving their first referred allied health service for Medicare rebate to be payable for that service.					
Name							<u> </u>	•		
Address								Postcode		
Patient details										
Medicare Number Patient's ref no.										
First Name			Surname							
Address								Postcode		
Allied Health Professional (AHP) patient referred to: (Please specify name or type of AHP)										
Name BBDiet Dietitian Services (Angeline Stania), 07-3067 7280, email: admin@bbdiet.com.au										
Address								Postcode		
Eligible p	atients may	access Med	icare reba	ates for up	py of the referral fo to 5 allied health service services' column next to	es (total) a	year. Plea		r of	
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