Australian Government



Department of Health and Ageing

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

To be	completed by	refe	rring Gl	P:						
Please ti	ck the relevant boy	k 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: GF	Ps are encouraged	to atta	ich a copy	y of the re	levant part of the	ne patient's	care plar	n to this fo	orm.	
					n Insurance ber at they must <u>ch</u>				or these services. or the other.	
GP details Provider Number Name]	BILLI first r	NOTE: Relevant MBS item(s) above must be BILLED by GP prior to patient receiving their first referred allied health service for Medicare rebate to be payable for that service.			
Address]			Postcode	
Detient									1 0010040]
Patient details Medicare Number Patient's ref no.										
First Nar	ne					Surname				
Address									Postcode	
Allied H	Health Profession	onal (AHP) pa	atient re	ferred to: (Pl	ease speci	fy name o	or type of	AHP)	
Name	BBDiet D	ietitian S	Services - A	ngeline Sta	nia, 0433912208, e	mail: angeline	e@bbdiet.c	om.au		
Address									Postcode	
Referra Eligible p	al details – Plea patients may acces required by writing	s Medi	care reba	ates for up	to 5 allied hea	Ith services	s (total) a	year. Plea	of service ase indicate the numbe	er of
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