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<br>at they must <u>ch</u>  |  |  |  | or these services.<br>or the other.  |   |
| GP details       Provider Number       Name   |   |  |   |  | ]  | BILLI<br>first r   | NOTE: Relevant MBS item(s) above must be<br>BILLED by GP prior to patient receiving their<br>first referred allied health service for Medicare<br>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   |   |
|   |   |  |   |  |  |  |  |  |  |   |
| <b>Referra</b><br>Eligible p  | al details – Plea<br>patients may acces<br>required by writing  | s Medi   | care reba   | ates for up                                  | to 5 allied hea  | Ith services   | s (total) a  | year. Plea   | of service<br>ase indicate the numbe   | er of   |
| <b>Referra</b><br>Eligible p  | atients may acces<br>required by writing  | s Medi   | care reba   | ates for up                                  | to 5 allied hea  | Ith services<br>nn next to t   | s (total) a  | year. Plea   |  | er of<br>Item<br>Number                               |
| Referra<br>Eligible p<br>services<br>No of  | atients may acces<br>required by writing  | s Medi<br>I the nu   | care reba<br>umber in t   | ates for up<br>he 'No. of<br>No of           | to 5 allied hea<br>f services' colur   | Ith services<br>nn next to t   | s (total) a<br>the releva<br>Item  | year. Plea<br>ant AHP.<br>No of  | ase indicate the numbe   | ltem  |
| Referra<br>Eligible p<br>services<br>No of  | oatients may acces<br>required by writing<br>AHP Type   | s Medi<br>I the nu   | care reba<br>umber in t<br>Item<br>Number                                     | ates for up<br>he 'No. of<br>No of           | f services' colur<br>AHP Ty  | Ith services<br>nn next to t<br>pe   | s (total) a<br>the releva<br>Item<br>Number  | year. Plea<br>ant AHP.<br>No of  | ase indicate the numbe   | ltem<br>Number  |
| Referra<br>Eligible p<br>services<br>No of  | Aboriginal Health W   | s Medi<br>I the nu   | care reba<br>umber in t<br>Item<br>Number<br>10950                            | ates for up<br>he 'No. of<br>No of           | o to 5 allied hea<br>f services' colur<br>AHP Ty<br>Dietitian  | Ith services<br>mn next to t<br>pe<br>Vorker   | s (total) a<br>the releva<br>Item<br>Number<br>10954   | year. Plea<br>ant AHP.<br>No of  | AHP Type Podiatrist  | ltem<br>Number<br>10962                               |
| Referra<br>Eligible p<br>services<br>No of  | Atients may acces<br>required by writing<br>AHP Type<br>Aboriginal Health W<br>Audiologist  | s Medi<br>I the nu   | care reba<br>umber in t<br>Item<br>Number<br>10950<br>10952                   | ates for up<br>he 'No. of<br>No of           | o to 5 allied hea<br>f services' colur<br>AHP Ty<br>Dietitian<br>Mental Health V   | Ith services<br>mn next to t<br>pe<br>Vorker   | s (total) a<br>the releva<br>Item<br>Number<br>10954<br>10956  | year. Plea<br>ant AHP.<br>No of  | AHP Type Podiatrist Psychologist   | Item           Number           10962           10968 |
| Referra<br>Eligible p<br>services<br>No of  | AHP Type Aboriginal Health W Audiologist Chiropractor   | s Medi<br>I the nu   | care reba<br>imber in t<br>ltem<br>Number<br>10950<br>10952<br>10964          | ates for up<br>he 'No. of<br>No of           | b to 5 allied hear<br>f services' colur<br>AHP Ty<br>Dietitian<br>Mental Health V<br>Occupational Th   | Ith services<br>mn next to t<br>pe<br>Vorker<br>nerapist   | s (total) a<br>the releva<br><b>Item</b><br><b>Number</b><br>10954<br>10956<br>10958   | year. Plea<br>ant AHP.<br>No of  | AHP Type Podiatrist Psychologist   | Item           Number           10962           10968 |
| Referra<br>Eligible p<br>services<br>No of<br>services  | Aboriginal Health W<br>Audiologist<br>Chiroprodist  | s Medi<br>I the nu   | care reba<br>imber in t<br>ltem<br>Number<br>10950<br>10952<br>10964<br>10962 | ates for up<br>he 'No. of<br>No of           | b to 5 allied hear<br>f services' colur<br>AHP Ty<br>Dietitian<br>Mental Health V<br>Occupational Th<br>Osteopath  | Ith services<br>mn next to t<br>pe<br>Vorker<br>nerapist   | s (total) a<br>the relevant<br>10954<br>10956<br>10958<br>10966<br>10960   | year. Plea<br>ant AHP.<br>No of  | AHP Type Podiatrist Psychologist   | Item           Number           10962           10968 |
| Referra<br>Eligible p<br>services<br>No of<br>services<br>Referrin<br>Practitio                                   | AHP Type Aboriginal Health W Audiologist Chiropractor Chiropodist Diabetes Educator g General oner's signature st provide a written   | s Medi<br>the nu<br>/orker                                   | care reba<br>imber in t<br>10950<br>10952<br>10964<br>10962<br>10951          | t's GP aft                                   | o to 5 allied hear<br>f services' colur<br>AHP Ty<br>Dietitian<br>Mental Health V<br>Occupational Th<br>Osteopath<br>Physiotherapist<br>er each service  | Ith services<br>mn next to t<br>pe<br>Vorker<br>herapist<br>Date sign<br>e – except weport to the  | s (total) a<br>the relevant<br>10954<br>10956<br>10958<br>10966<br>10960<br>10960<br>ned   | year. Plea<br>ant AHP.<br>No of<br>services  | AHP Type Podiatrist Psychologist   | to a patient  |
| Referra<br>Eligible p<br>services<br>No of<br>services<br>Referrin<br>Practitio                                   | AHP Type Aboriginal Health W Audiologist Chiropractor Chiropodist Diabetes Educator g General oner's signature st provide a written e one referral. In th   | s Medi<br>the nu<br>/orker                                   | to patien<br>, the AHP  | t's GP aft                                   | o to 5 allied hear<br>f services' colur<br>AHP Ty<br>Dietitian<br>Mental Health V<br>Occupational Th<br>Osteopath<br>Physiotherapist<br>er each service<br>ovide a written ro<br>often if clinically   | Ith services<br>mn next to t<br>pe<br>Vorker<br>herapist<br>Date sign<br>e – except weport to the<br>r necessary   | s (total) a<br>the relevant<br>10954<br>10956<br>10958<br>10966<br>10960<br>ned<br>where the<br>patient's /.   | AHP prov<br>GP after   | AHP Type Podiatrist Psychologist Speech Pathologist  | to a patient<br>e, and more                           |
| Referra<br>Eligible p<br>services<br>No of<br>services<br>Referrin<br>Practitio<br>AHP mu:<br>under the           | AHP Type Aboriginal Health W Audiologist Chiropractor Chiropodist Diabetes Educator g General oner's signature st provide a written e one referral. In th Allied health profest                     | s Medi<br>the nu<br>/orker<br>n report<br>is case            | to patien<br>, the AHP  | t's GP aft<br>must pro                       | o to 5 allied hear<br>f services' colur<br>AHP Ty<br>Dietitian<br>Mental Health V<br>Occupational Th<br>Osteopath<br>Physiotherapist<br>er each service<br>ovide a written ro<br>often if clinically<br>referral form for                                    | Ith services<br>mn next to t<br>pe<br>Vorker<br>herapist<br>Date sign<br>e – except w<br>eport to the<br>necessary<br>r record kee   | s (total) a<br>the relevant<br>10954<br>10956<br>10958<br>10966<br>10960<br>ned  | AHP prov<br>GP after   | AHP Type Podiatrist Psychologist Speech Pathologist vides multiple services the first and last service   | to a patient<br>e, and more<br>ses.                   |
| Referra<br>Eligible p<br>services<br>No of<br>services<br>Referrin<br>Practitio<br>AHP mu:<br>under the<br>Allied | AHP Type Aboriginal Health W Audiologist Chiropractor Chiropodist Diabetes Educator g General oner's signature st provide a written e one referral. In th Allied health profess health services fur | s Medi<br>the nu<br>/orker<br>n report<br>is case<br>sionals | to patien<br>, the AHP<br>should re<br>y other Co                             | t's GP aft<br>must pro-                      | o to 5 allied hear<br>f services' colur<br>AHP Ty<br>Dietitian<br>Mental Health V<br>Occupational Th<br>Osteopath<br>Physiotherapist<br>er each service<br>ovide a written ro<br>often if clinically<br>referral form for<br>ealth or State/T<br>this initia | Ith services<br>mn next to t<br>pe<br>Vorker<br>herapist<br>Date sign<br>e – except we<br>eport to the<br>r necessary<br>r record kee<br>ferritory pro<br>ative.                           | s (total) a<br>the relevant<br>10954<br>10954<br>10956<br>10958<br>10966<br>10960<br>10960<br>ned  | year. Plea<br>ant AHP.<br>No of<br>services<br>AHP prov<br>GP after<br>I Medicare<br>e not eligi | AHP Type Podiatrist Psychologist Speech Pathologist Vides multiple services the first and last service Australia audit purpose   | to a patient<br>e, and more<br>ses.                   |
| Referra<br>Eligible p<br>services<br>No of<br>services<br>Referrin<br>Practitio<br>AHP mu:<br>under the<br>Allied | AHP Type Aboriginal Health W Audiologist Chiropractor Chiropodist Diabetes Educator g General oner's signature st provide a written e one referral. In th Allied health profess health services fur | s Medi<br>the nu<br>/orker<br>is case<br>sionals<br>nded b   | to patients, the AHP  | t's GP aft<br>ommonwo<br>eepartmen<br>or ord | o to 5 allied hear<br>f services' colur<br>AHP Ty<br>Dietitian<br>Mental Health V<br>Occupational Th<br>Osteopath<br>Physiotherapist<br>er each service<br>ovide a written ro<br>often if clinically<br>referral form for<br>ealth or State/T<br>this initia | Ith services<br>mn next to t<br>pe<br>Vorker<br>herapist<br>Date sign<br>e – except we<br>port to the<br>r necessary<br>r record kee<br>ferritory pro-<br>ative.<br>Ageing we<br>(02) 6289 | s (total) a<br>the relevant<br>10954<br>10954<br>10956<br>10958<br>10966<br>10960<br>10960<br>ned<br>where the<br>patient's '.<br>eping and<br>grams are<br>ebsite at w<br>7120.         | year. Plea<br>ant AHP.<br>No of<br>services<br>AHP prov<br>GP after<br>I Medicare<br>e not eligi | AHP Type Podiatrist Psychologist Speech Pathologist Vides multiple services the first and last service Australia audit purpor ble for Medicare rebate h.gov.au/strengthening | to a patient<br>e, and more<br>ses.                   |