Australian Government
Health Insurance Commission

Medicare

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

THIS FORM MUST ACCOMPANY ALL MEDICARE CLAIMS. SEE PART C BELOW.
CLINICAL NOTES SHOULD NOT BE WRITTEN ON THIS FORM.

Patients must have BOTH a GP Management Plan and Team Care Arrangements (items 721 and 723) OR an EPC multidisciplinary care plan (items 720 or 722), OR a GP contribution to an Aged Care care plan (items 730 or 731), to be eligible for referral by their GP for up to 5 allied health services per year (from date of first service).

Medicare rebates and Private Health Insurance benefits cannot both be claimed for these services. Patients should be advised that they must choose whether to access one or the other for these services.

PART A – To be completed by referring GP

IMPORTANT
EPC care plan must be in place and billed by GP prior to referral for first allied health service.

Provider Number

Name

Address

Postcode

Patient details

Medicare Number

Patient's ref no.

First Name

Surname

Address

Postcode

Patient referred to:

Please specify name or type of allied health professional

Allied Health Professional

Address

Postcode

Referral details – GP must use a separate copy of the referral form for each type of service

GPs may choose to refer patients for more than one service, up to a maximum of 5 services. Indicate the number of services required by writing the number in the 'No of services' column adjacent to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker	10950		Dietitian	10954		Podiatrist	10962
	Audiologist	10952		Mental Health Worker	10956		Psychologist	10968
	Chiropractor	10964		Occupational Therapist	10958		Speech Pathologist	10970
	Chiropodist	10962		Osteopath	10966			
	Diabetes Educator	10951		Physiotherapist	10960			

Referring GP's Signature

Date signed

PART B – To be completed by the servicing allied health professional

Please note, this section must be completed and signed by the allied health professional after each service. By signing this section, the allied health professional DECLARES that they, as an allied health professional registered with the HIC to provide MBS allied health services, have provided the relevant service/s to the patient.

HIC Provider/Registration Number

Servicing allied health professional's name

Allied health professional's signature

Date signed

Note: Allied health professional must provide a written report to the patient's GP after each service

PART C – Claiming benefit and distribution

If used for 1 service only, the allied health professional:
- signs Original Copy of this Form after service provided.

If used for multiple services, the allied health professional:
- makes relevant number of photocopies of Form prior to signing
- signs Original Copy after 1st service
- signs a photocopied Form after each subsequent service.

All originals and photocopies of this form submitted to Medicare for payment must have the original signature of the servicing provider

Copies of all signed forms must be retained for record keeping and HIC audit purposes.
Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under this initiative.

To reorder further quantities of this form, please phone 1800 067 307 or download from HIC website at www.hic.gov.au/providers/forms