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

	completed by		ng G	P:							
	ck the relevant box				_						
Patient has a GP Management Plan and Team Care Arrangements in place (new CDM MBS items 721 AND 723) OR											
Patient has an EPC Multidisciplinary Care Plan in place (former MBS items 720, 722 or 730; or new CDM item 731)											
Note: GF	Ps are encouraged	to attach	a copy	y of the re	levant part of the pa	atient's	care plar	to this fo	rm.		
Medicare rebates and Private Health Insurance benefits cannot <u>both</u> be claimed for these services. Patients should be advised that they must <u>choose</u> whether to access one or the other.											
GP det	tails						NOTE	: Releva	nt MBS item(s) above	e must be	
Provider Number							BILLE first r	BILLED by GP prior to patient receiving their first referred allied health service for Medicare rebate to be payable for that service.			
Name											
Address									Postcode		
Patient	details										
Medicare	e Number				Pa	atient's r	ref no.				
First Nan	me				Su	urname					
Address									Postcode		
Allied Health Professional (AHP) patient referred to: (Please specify name or type of AHP) Name											
Name											
Name Address									Postcode		
Address Referra Eligible p	patients may access	s Medicare	e reba	tes for up	py of the referrato 5 allied health se of services' column	ervices ((total) in a	a calendar	of service year. Please indicate	the number	
Address Referra Eligible p	patients may access es required by writi	s Medicare ng the nur	e reba	tes for up	to 5 allied health se	ervices (n next to	(total) in a	a calendar	of service year. Please indicate	the number	
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Referra Eligible p of service	AHP Type Aboriginal Health W Audiologist	s Medicare ng the nur lt Nu orker 10 10	e reba mber i tem mber 0950	tes for up in the 'No. No of	to 5 allied health se of services' column AHP Type Dietitian Exercise Physiology	ervices (n next to	(total) in a o the rele Item Number 10954 10953	a calendar vant AHP	of service year. Please indicate AHP Type Physiotherapist Podiatrist	Item Number 10960 10962	
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