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

	completed by	,	GI	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	сору	of the re	levant part of the p	patient's	care plar	n to this fo	rm.		
					Insurance benefits at they must choos						
GP det	tails						NOTE	: Releva	nt MBS item(s) abov	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								<u> </u>			
Address									Postcode		
Patient	details										
Medicare	e Number				Pa	atient's ı	ref no.				
First Nan	me				St	urname					
Address									Postcode		
Allied H	Health Profession	onal (AHF) pa	itient re	ferred to: (Pleas	se specif	fy name o	or type of	AHP)		
Name											
Name Address									Postcode		
Address Referra Eligible p	al details - Plea patients may access es required by writi	s Medicare	ebat	tes for up	to 5 allied health se	ervices	(total) in a	a calenda	of service	the number	
Address Referra Eligible p	patients may access es required by writi	s Medicare	ebat per i	tes for up	to 5 allied health se	services on next to	(total) in a	a calenda	of service	the number	
Referra Eligible p of service	patients may access es required by writi	Medicare ng the num Ite Num	ebat per in m ber	tes for up n the 'No.	to 5 allied health se of services' colum	services on next to	(total) in a to the rele	a calendar evant AHP	of service r year. Please indicate	Item	
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Referra Eligible p of service	AHP Type Aboriginal Health W Audiologist	s Medicare ng the num Ite Nun orker 109	m ber 50	tes for up n the 'No.	to 5 allied health so of services' column AHP Type Dietitian Exercise Physiology	services on next to	(total) in a to the relevant t	a calendar evant AHP	of service year. Please indicate AHP Type Physiotherapist Podiatrist	Item Number 10960 10962	
Referra Eligible p of service	AHP Type Aboriginal Health W Audiologist Chiropractor	s Medicare ng the num te Num orker 109 109	n ber 50 52 64	tes for up n the 'No.	to 5 allied health so of services' column AHP Type Dietitian Exercise Physiology Mental Health Work	services on next to	(total) in a co the relevant to the relevant t	a calendar evant AHP	of service year. Please indicate AHP Type Physiotherapist Podiatrist Psychologist	Item Number 10960 10962 10968	
Referra Eligible p of services	AHP Type Aboriginal Health W Audiologist Chiropractor Chiropodist	s Medicare ng the num te Num orker 109 109 109	n ber 50 52 64	tes for up n the 'No.	to 5 allied health so of services' column AHP Type Dietitian Exercise Physiology Mental Health Work Occupational Theral Osteopath	services on next to	(total) in a o the rele lem Number 10954 10953 10956 10958	a calendar evant AHP	of service year. Please indicate AHP Type Physiotherapist Podiatrist Psychologist	Item Number 10960 10962 10968	
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