

P  
a  
t  
i  
e  
n  
t  
  
d  
e  
t  
a  
i  
l  
s



For use with Medicare Bulk Bill Webclaim only

Patient's full name

Date of birth (DD MM YYYY) Expiry date checked

Medicare card number

Period of referral in months (MM) Referral or request date (DD MM YY)

or cross if indefinite In-hospital referral No Yes

Referring or requesting practitioner provider number

Full name and address of requesting or referring practitioner

Location Specific Practice Number

Equipment number

SCP

Is the assignor the patient? Agreement Type:

No Yes Post-assignment Assignor must sign and date below

I assign my right to benefits to the practitioner who has rendered the service(s), or in the case of requested pathology, the approved pathology practitioner who will render the requested pathology service(s).

Assignor's signature Date (DD MM YYYY)



Patient ref number Date of service, imaging procedure or first specimen collection (DD MM YY)

Table with 5 columns: Description of service, Item number, In-hospital service \* S/D or S/S, Benefit assigned. Multiple rows for service details.

Practitioner copy

DB020.2607



P  
a  
t  
i  
e  
n  
t  
  
d  
e  
t  
a  
i  
l  
s



For use with Medicare Bulk Bill Webclaim only

Patient's full name

Date of birth (DD MM YYYY) Expiry date checked

Medicare card number

Period of referral in months (MM) Referral or request date (DD MM YY)

or cross if indefinite In-hospital referral No Yes

Referring or requesting practitioner provider number

Full name and address of requesting or referring practitioner

Location Specific Practice Number

Equipment number

SCP

Is the assignor the patient? Agreement Type:

No Yes Post-assignment Assignor must sign and date below

I assign my right to benefits to the practitioner who has rendered the service(s), or in the case of requested pathology, the approved pathology practitioner who will render the requested pathology service(s).

Assignor's signature Date (DD MM YYYY)



Patient ref number Date of service, imaging procedure or first specimen collection (DD MM YY)

Table with 5 columns: Description of service, Item number, In-hospital service \* S/D or S/S, Benefit assigned. Multiple rows for service details.

Patient copy

DB020.2607

Privacy and your personal information

The privacy and security of your personal information is important to Services Australia, and is protected by law. Services Australia collects this information so we can process and manage your applications and payments, and provide services to you. Services Australia only shares your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy