



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

**To be completed by referring GP:**

Please tick the relevant box below:

- 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:** GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

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.

**GP details**

Provider Number

Name

Address  Postcode

**NOTE: Relevant MBS item(s) above must be BILLED by GP prior to patient receiving their first referred allied health service for Medicare rebate to be payable for that service.**

**Patient details**

Medicare Number           Patient's ref no.

First Name  Surname

Address  Postcode

**Allied Health Professional (AHP) patient referred to:** (Please specify name or type of AHP)

Name

Address  Postcode

**Referral details - Please use a separate copy of the referral form for each type of service**

Eligible patients may access Medicare rebates for up to 5 allied health services (total) in a calendar year. Please indicate the number of services required by writing the number in the 'No. of services' column next 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       |                | Physiotherapist    | 10960       |
|                | Audiologist              | 10952       |                | Exercise Physiology    | 10953       |                | Podiatrist         | 10962       |
|                | Chiropractor             | 10964       |                | Mental Health Worker   | 10956       |                | Psychologist       | 10968       |
|                | Chiropodist              | 10962       |                | Occupational Therapist | 10958       |                | Speech Pathologist | 10970       |
|                | Diabetes Educator        | 10951       |                | Osteopath              | 10966       |                |                    |             |

Referring General Practitioner's signature

Date signed

AHP must provide a written report to patient's GP after each service – except where the AHP provides multiple services to a patient under the one referral. In this case, the AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under this initiative.

This form may be downloaded from the Department of Health and Ageing website at [www.health.gov.au/strengtheningmedicare](http://www.health.gov.au/strengtheningmedicare) or ordered by faxing (02) 6289 7120.

**THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS**