

Referral Form for Chronic Disease Allied Health (Individual) Services under Medicare

all of the components of this form.								
To be o	completed by	referring	GP:					
Please tic	k:							
Patient has GP Management Plan (item 721 or review item 725) AND Team Care Arrangements (item 723 or review item 727)								
GP has contributed to or reviewed a multidisciplinary care plan prepared by the patient's aged care facility (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 <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 details								
Provider Number								
Name								
Address Postcode								
Patient details								
Medicare Number Patient's ref no.								
First Name				Surn	ame			
Address						Postcode		
Allied Health Professional (AHP) patient referred to: (Please specify name or type of AHP)								
Name								
Address								
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	Iten Numb		AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health W	orker 10950)	Exercise Physiologist	10953		Podiatrist	10962
	Audiologist		2	Mental Health Worker	10956		Psychologist	10968
	Chiropractor		<u> </u>	Occupational Therapist	10958		Speech Pathologist	10970
	Diabetes Educator			Osteopath	10966			
Dietitian		10954		Physiotherapist	10960			
Referring								
Practitioner's signature Date signed								
The A	AHP must provide a	a written repo	rt to the patie	ent's GP after the first <u>ar</u>	nd last servi	ce, and m	ore often if clinically no	ecessary.
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/mbsprimarycareitems								
THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS								