

Assignment of Medicare Benefits for Bulk Billing

Enduring Agreement – Patient in Aboriginal Community Controlled Health Organisation or Aboriginal Medical Service

Patient/Assignor details

Patient Name (e.g. firstname initial lastname):

Is the assignor the patient: YES NO

Instruction - This section is to be completed if the assignor is not the patient.

If NO, name of the assignor (e.g. firstname initial lastname):

If NO, assignor's relationship to patient (Choose only 1 of the following):

- | | |
|--|--|
| <input type="radio"/> Parent | <input type="radio"/> Relative who is at least 18 years old and a member of the other person's household |
| <input type="radio"/> Stepparent /or | <input type="radio"/> Guardian |
| <input type="radio"/> Foster Parent | <input type="radio"/> Enduring Power of Attorney granted by the other person that is exercisable in relation to decisions about the other person's health. |
| <input type="radio"/> Spouse or | |
| <input type="radio"/> de facto Partner | |

Instruction: This section below is to be completed if the assignor is 14 years or older and is not the patient. This section does not need to be completed if the patient is aged under 14 or under an Enduring Power of Attorney or a State Trustee arrangement.

Patient's Statement consenting to the Assignor named above entering this enduring agreement on their behalf.

I,

agree to the assignor named in this agreement entering into this enduring agreement on my behalf.

Patient signature

or Accept / Not Accept

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Practice and provider details

Name of Agent (an agent is a provider/representative of the practice):

Practice address:

OR

Provider number of agent linked to the location where services are provided:

The following professional services will be covered under this assignment (i.e. Category, Group, Subgroup, Items):

Circumstances in which this agreement will end

- An ACCHS/AMS enduring agreement ceases if a patient chooses a MyMedicare enduring agreement, or if the patient turns 14. When a patient turns 14 they can make their own agreement or consent to someone doing it on their behalf.
- An enduring agreement may be terminated at any time by written notice from a party to the agreement, or by the patient to the non-assignor party.

Assignor's Signature:

Date:

 / /

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Privacy Statement

Instruction: This is an example privacy statement. Practices or providers may insert their own statement and link to their relevant privacy policy.

