

Assignment of Medicare Benefits for Bulk Billing

Episodic pre-agreement (all MBS services except pathology and diagnostic imaging)

Patient/Assignor details

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

Is the assignor the patient: YES NO

Name of provider:

Practice address:

OR

Provider number:

Date of service	Basic Service Description	Additional information
DD/MM/YYYY	From Assignment of Medicare Benefits - Basic Service Description	Optional or N/A

Assignor's Signature:

Date: / /

Privacy Statement

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