Australian Government
Department of Health, Disability and Ageing

medicare

Update to Assignment of Medicare Benefit requirements

Factsheet for bulk billing practices

This factsheet explains the updated requirements for assignment of Medicare benefits for bulk billed services from 1 July 2026.

It outlines what healthcare providers need to do, what this means for patients, and the support available to help practices prepare. It also explains the difference between episodic and enduring assignment of benefit (AoB) pathways.

Modernising the assignment of benefit process for bulk billed services

Assignment of benefit is the process where a patient authorises Medicare to pay their healthcare provider directly for a bulk billed service, so they don't pay anything out-of-pocket for the service.

This process is being modernised to strengthen Medicare, reduce administrative burden and streamline bulk billing workflows.

What are the changes?

From 1 July 2026, healthcare providers have more flexible options for obtaining an agreement from a patient, or the person paying for the service (the 'assignor'), to assign their Medicare benefit for each bulk billed Medicare service.

A 12-month transition period will apply, including allowing verbal consent for bulk billed services, while further measures are explored to reduce administrative burden.

These changes will:

- make it easier for patients to assign their Medicare benefits
- support digital workflows and software integration
- allow agreements to be completed before or after services are provided or for eligible patients on an ongoing basis
- give patients clearer information about assigning their Medicare benefit.

Assignment of Benefit pathways

There are two ways patients can assign their Medicare benefit for bulkbilled services:

- Episodic assignment of benefit: agreement is required for each bulk billed service
- Enduring assignment of benefit (optional): one agreement covers multiple future services (available to eligible patients only) provided by General Practitioners (GPs) in primary care settings.

Episodic agreements

- A new agreement is required for each bulk billed service or consultation.
- The agreement must relate to the specific service/s being claimed.
- It can be completed before or after the service is provided.
- This pathway is available to all patients receiving bulkbilled services.

Enduring agreements

Enduring agreements are completed once and apply to ongoing care.

- A single agreement can cover multiple and different types of future bulkbilled services.
- The agreement applies only within a defined care setting and provider relationship.

- Patients must meet eligibility requirements (e.g. MyMedicare-registered patients, Aboriginal Community-Controlled Health Organisation/ Aboriginal Medical Service patients, or residents of Residential Aged Care Homes).
- Providers always need to bulk bill the services included in the enduring agreements they make with their patients, while agreements are in place.
- The agreement remains valid while the patient is eligible and receives care under that arrangement.
- Providers and patients can each terminate an agreement, including where a new one is created to incorporate different services, as required.

Selecting the appropriate pathway

Healthcare providers should:

- use episodic agreements for most patients and services, and
- offer enduring agreements only where patients are eligible and ongoing care arrangements apply.

Patients may choose to use episodic agreements even if they are eligible for an enduring agreement.

What healthcare providers need to do

- **Create a written agreement:** Complete a written agreement before asking for a signature. It can include multiple MBS items from the same provider.
- **Get consent:** Ask the patient or person paying (the 'assignor') to sign – physically or electronically. If the patient or assignor is unable to sign, you can record verbal consent by noting the "assignor verbally agreed" in place of a signature. Use of verbal assignment is a 12-month transitionary provision.
- **Record-keeping:** Keep copies of completed agreements for 2 years and give a copy to the patient if requested.
- **Post Service Notifications:** For MyMedicare patients with an enduring agreement, provide the patient or assignor with a post-service notification after each bulk-billed claim. Post-service notifications are not required for patients with an enduring agreement in Aboriginal Community-Controlled Health Organisations, Aboriginal Medical Services, or residents of Residential Aged Care Homes.

How practices can prepare

To prepare, practices should:

- review current bulk billing consent processes
- discuss electronic assignment of benefits options with practice software vendors. Services Australia is also working with software vendors to support them with the updated requirements
- decide whether to use paper, electronic, or both
- update record-keeping processes
- train front desk and billing staff
- identify patients who may be eligible for enduring agreements and discuss whether to offer this option.

Making assignment of benefit easier for patients

Offering patients the choice to assign their Medicare benefit on paper or electronically, either before or after their appointment, makes the process easier for them.

There is no specific form required. Healthcare providers can create their own assignment agreement as long as it meets certain requirements, or use agreement templates available on the Services Australia website. Electronic signatures can be captured through in-clinic touchscreens, apps, email and SMS consent links.

More information and enquiries

More detail about the assignment of benefits changes can be found on the Department of Health, Disability and Ageing website, including detailed frequently asked questions.

The Department provides an email service for health care providers seeking advice on the Medicare Benefits Schedule – email askMBS@health.gov.au

For information about Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact Services Australia on the Provider Enquiry Line – **13 21 50**.