Australian Government
Department of Health, Disability and Ageing

medicare

Update to Assignment of Medicare Benefit requirements

Most common questions and answers for bulk billing practices

The Australian Government is updating requirements for assignment of Medicare benefits for bulk billed services from 1 July 2026.

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. Healthcare providers must obtain agreement from the patient (or the person responsible for payment – the 'assignor') to assign their Medicare benefit for each bulk billed service.

This document provides answers to some of the most common questions about the updated requirements for bulk billing practices. More detailed FAQs are available on the Department of Health, Disability and Ageing website.

What is changing?

The process for patients to assign their Medicare benefit is being modernised to strengthen Medicare, reduce administrative burden and streamline bulk billing workflows.

From 1 July 2026, patients can assign a benefit before or after receiving their health service. Patient agreement to assign their benefit must be clearly linked to the specific MBS service/s being billed.

Patients can now use a broader range of electronic options to assign their benefit, including in-clinic touchscreens, apps and patient portals, email and SMS consent links. A paper form can still be used for people who need it.

There is no specific form required, but agreements must meet regulatory requirements and clearly relate to the service/s being claimed. Healthcare providers can create their own assignment agreement or use templates available on the Services Australia website.

Healthcare providers must keep records of assignment of benefit agreements for at least 2 years.

Is verbal agreement still acceptable?

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

Completed agreements must still be kept for 2 years for record-keeping purposes if verbal assignment is used (see further information below about record keeping).

How can patients assign their benefit?

There are 2 ways assignment of benefit agreements can be completed for bulk billed services:

Episodic assignment of benefit

- This is available to all patients receiving bulk billed services from any medical professional.
- An agreement is completed for each service, or consultation, if it is for more than one service.
- The agreement must relate to the specific service claimed.
- This can be done before (pre-service) or after (post-service) the service is provided.
- It is the standard approach for most patients and services.

Enduring assignment of benefit

- This is available to:
  - MyMedicare-registered patients,
  - Aboriginal Community-Controlled Health Service and Aboriginal Medical Service patients
  - patients in Residential Aged Care Homes.
- An agreement is completed once and applies to future GP-provided services covered by the agreement.
- This reduces the need for patients to complete a new agreement for each visit.
- Providers must still ensure each claim relates to a service covered by the agreement.

What is acceptable as a signature?

- A written or electronic signature is required.
- Verbal consent may be used as part of a 12-month transition period.

How will assignment of benefit work for telehealth appointments?

- Assignment can be obtained electronically (electronic forms, email, SMS, as part of booking or initiating the service), or with paper form agreements (by mail).
- Verbal consent may be used as part of a 12-month transition period.
- Telehealth services can be covered under an enduring agreement.

What are the differences between episodic and enduring agreements?

- The table below has answers to common questions for both episodic and enduring agreements.

Episodic assignment of benefit	Enduring assignment of benefit
Can someone else assign a patient's benefit on their behalf?	
Yes. A person paying for the service (an 'assignor') can assign a Medicare benefit on a patient's behalf. This could be a carer, relative, partner or authorised representative. For patients aged under 14 years, a parent/guardian may assign the benefit.	Yes. An assignor can enter into an enduring agreement if they meet 'responsible person' requirements specified in regulations. Patients aged over 14 can nominate an assignor (with documented consent) for an enduring agreement.
What if a pre-service assignment is used and the service ends up being different from what is booked?	
For episodic agreements, a new agreement is required if the service provided is different to the service description. A new post-service agreement will need to be obtained and must include the correct MBS items.	A new agreement is not required if the service is covered by the enduring agreement. However, if it is not covered, an episodic agreement must be used.
When will an agreement terminate or cease?	
Episodic agreements end once the service has been completed and claimed. A new agreement is required for each subsequent service.	Enduring agreements remain in place until withdrawn, until patients turn 14 years of age (they can then make their own agreement or nominate an assignor), or patients are no longer eligible (e.g. no longer registered in MyMedicare or permanently leaves a Residential Aged Care Home). They can be terminated at any time by written notice from a party to the agreement, or from the patient to the provider.

Episodic assignment of benefit	Enduring assignment of benefit
What if a patient forgets or refuses to assign their benefit?	
Without a valid episodic assignment of benefit agreement, the service cannot be bulk billed, and the patient must pay and claim the Medicare benefit themselves.	If no valid enduring agreement exists, the patient must complete an episodic agreement or be privately billed.
Are post-service notifications required?	
No. Post-service notifications are not required for episodic agreements.	Post-service notifications are required for MyMedicare-registered patients with an enduring agreement. Providers must issue a patient or assignor a post-service notification within 24 hours of submitting a related claim under an enduring agreement.
What information must providers keep?	
Providers must keep completed assignment of benefit agreements for 2 years. More information can be found in the Electronic Transactions Act 1999.	Providers must keep completed assignment of benefit agreements for 2 years. For MyMedicare-registered patients, post-service notifications must also be kept for 2 years. More information can be found in the Electronic Transactions Act 1999.

How will these changes integrate into practice systems?

Practices should work with software vendors to enable episodic electronic workflows.

Until system support is introduced in July 2027, enduring agreements can be managed using paper or electronic templates.

How can practices prepare?

Practices should review their current assignment of benefit processes, adopt electronic options, update recordkeeping, and train staff.

Enduring agreements will only be available in MyMedicare and Aboriginal Community-Controlled Health Organisations/Aboriginal Medical Service settings or between GPs and patients in Residential Aged Care Homes.

Will updated guidance be provided?

Current guidance on assignment of benefits in the MBS documents and online from the Department of Health, Disability and Ageing and Services Australia will be updated.

These FAQs are part of a suite of resources developed to support providers and practice staff and to inform patients of the updated requirements for assignment of benefits. These are available on the Department of Health, Disability and Ageing website.

More information and enquiries

More detail about the assignment of benefits changes can be found at health.gov.au/assignment-of-medicare-benefit

The Department of Health, Disability and Ageing 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**.