

Enhanced Primary Care (EPC) Program Referral form for individual allied health services under Medicare

Dianasia	To be completed by referring GP:								
Please tick:									
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 Surname									
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									
	es required by writing the	number in	the 'No. o	of services' column next	to the relev	ant AHP.			
of service	. , ,								
No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	АНР Туре	Item Number	
No of	AHP Type			AHP Type Exercise Physiologists			AHP Type Podiatrist		
No of	AHP Type	Number			Number			Number	
No of	AHP Type Aboriginal Health Worker	Number 10950		Exercise Physiologists	Number 10953		Podiatrist	Number 10962	
No of	AHP Type Aboriginal Health Worker Audiologist	Number 10950 10952		Exercise Physiologists Mental Health Worker Occupational Therapist Osteopath	Number 10953 10956		Podiatrist Psychologist	Number 10962 10968	
No of	AHP Type Aboriginal Health Worker Audiologist Chiropractor	10950 10952 10964		Exercise Physiologists Mental Health Worker Occupational Therapist	Number 10953 10956 10958		Podiatrist Psychologist	Number 10962 10968	
No of services	AHP Type Aboriginal Health Worker Audiologist Chiropractor Diabetes Educator Dietitian General	Number 10950 10952 10964 10951		Exercise Physiologists Mental Health Worker Occupational Therapist Osteopath	Number 10953 10956 10958 10966		Podiatrist Psychologist	Number 10962 10968	
No of services	AHP Type Aboriginal Health Worker Audiologist Chiropractor Diabetes Educator Dietitian	Number 10950 10952 10964 10951		Exercise Physiologists Mental Health Worker Occupational Therapist Osteopath Physiotherapist	Number 10953 10956 10958 10966		Podiatrist Psychologist	Number 10962 10968	
No of services Referring Practition	AHP Type Aboriginal Health Worker Audiologist Chiropractor Diabetes Educator Dietitian General	Number 10950 10952 10964 10951 10954	services	Exercise Physiologists Mental Health Worker Occupational Therapist Osteopath Physiotherapist Date s	Number 10953 10956 10958 10966 10960	services	Podiatrist Psychologist Speech Pathologist	Number 10962 10968 10970	
Referring Practition	AHP Type Aboriginal Health Worker Audiologist Chiropractor Diabetes Educator Dietitian General ner's signature	Number 10950 10952 10964 10951 10954	services the patie	Exercise Physiologists Mental Health Worker Occupational Therapist Osteopath Physiotherapist Date sent's GP after the first and	Number 10953 10956 10958 10966 10960 signed	ce, and me	Podiatrist Psychologist Speech Pathologist ore often if clinically ne	Number 10962 10968 10970	
No of services Referring Practition	AHP Type Aboriginal Health Worker Audiologist Chiropractor Diabetes Educator Dietitian G General ner's signature AHP must provide a writte	Number 10950 10952 10964 10951 10954 en report to	o the patie	Exercise Physiologists Mental Health Worker Occupational Therapist Osteopath Physiotherapist Date sent's GP after the first and referral form for record keeps	Number 10953 10956 10958 10966 10960 signed deeping and	ce, and me	Podiatrist Psychologist Speech Pathologist ore often if clinically ne Australia audit purpos	Number 10962 10968 10970 Pecessary.	
No of services Referring Practition	AHP Type Aboriginal Health Worker Audiologist Chiropractor Diabetes Educator Dietitian G General ner's signature AHP must provide a writter Allied health professional d health services funded This form may be down	Number 10950 10952 10964 10951 10954 en report to s should report to by other Covoloaded for the covoloaded	o the patie etain this i	Exercise Physiologists Mental Health Worker Occupational Therapist Osteopath Physiotherapist Date sent's GP after the first and referral form for record keepalth or State/Territory present the state of the st	Number 10953 10956 10958 10966 10960 d last service eeping and ograms are Ageing we	ce, and medicare e not eligil	Podiatrist Psychologist Speech Pathologist Dre often if clinically ne Australia audit purpos Dle for Medicare rebate ww.health.gov.au/epo	Number 10962 10968 10970 ecessary.	