Australian Government



Department of Health and Ageing

## Enhanced Primary Care (EPC) Program Referral form for Allied Health Services under Medicare

	completed by		-	P:						
	ick the relevant box						<i>(</i>			_
Patient has a GP Management Plan and Team Care Arrangements in place (new CDM MBS items 721 AND 723) OR Patient has an EPC Multidisciplinary Care Plan in place (former MBS items 720, 722 or 730; or new CDM item 731)										
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Note: GF	Ps are encouraged	to attac	ch a copy	/ of the re	levant part of th	ie patient's c	care plar	n to this fo	rm.	
					Insurance ben at they must <u>cho</u>				or these services. r the other.	
GP det	tails						NOTE	: Releva	nt MBS item(s) above	must be
Provider Number						BILLE first r	BILLED by GP prior to patient receiving their first referred allied health service for Medicare rebate to be payable for that service.			
Name									<b>,</b>	
Address							Postcode			
Patient	t details									
Medicare	e Number					Patient's re	ef no.			
First Nar	ne					Surname				
Address									Postcode	
Allied H	Health Professio	onal (A	AHP) pa	tient re	ferred to: (Pla	ease specify	/ name o	or type of a	AHP)	
Name		•							·	
Address									Postcode	
<b>Referra</b> Eligible p	al details – Plea	s Medic	are rebat	tes for up	to 5 allied healt	h services (t	total) in a	a calenda	of service year. Please indicate	the number
<b>Referra</b> Eligible p	al details – Plea patients may access es required by writi AHP Type	s Medic ing the r	are rebat	tes for up	to 5 allied healt	h services (t lumn next to	total) in a	a calenda	of service year. Please indicate	the number Item Number
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