

## DISCLAIMER

The attached Department of Health and Ageing *EPC Program referral form for individual allied health services under Medicare* is provided in Microsoft Word.

The following sections of the form must not be changed:

- **To be completed by referring GP; and**
- **Referral details – Please use a separate copy of the referral form for each type of service.**

The remainder of the formatting may be modified by GPs to suit practice software needs. However, the substance of information required cannot be amended or changed.

If GPs are concerned about the appropriateness of format and/or minor content changes made, they should fax a copy of the modified form to the Department's EPC and Allied Health Section on (02) 6289 7120 for approval.

A link to PDF versions of *EPC referral forms for allied health and dental care services under Medicare* can be found at: <http://www.health.gov.au/epc>. PDF files cannot be modified.



## Enhanced Primary Care (EPC) Program

### Referral form for individual Allied Health Services under Medicare

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 both be claimed for these services.  
 Patients should be advised that they must choose whether to access one or the other.

**GP details**

Provider

Name

Address

**Patient details**

Medicare  Patient's ref no.

First Name  Surname

Address

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 of services required by writing the number in the 'No. of services' column next to the relevant AHP.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker	10950		Exercise Physiologist	10953		Podiatrist	10962
	Audiologist	10952		Mental Health Worker	10956		Psychologist	10968
	Chiropractor	10964		Occupational Therapist	10958		Speech Pathologist	10970
	Diabetes Educator	10951		Osteopath	10966			
	Dietitian	10954		Physiotherapist	10960			

Referring General Practitioner's signature  Date signed

The AHP must provide a written report to the patient's GP after the first and last service, and more often if clinically necessary.

Allied health professionals should retain this referral form for record keeping and Medicare Australia audit purposes.

Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under this initiative.

This form may be downloaded from the Department of Health and Ageing website at [www.health.gov.au/epc](http://www.health.gov.au/epc) or ordered by faxing (02) 6289 7120 or by phoning (02) 6289 4297.

**THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS**