

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 <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									
Patient details									
Medicare Number Patient's ref no.									
First Name Surname									
Address									
Allied Health Professional (AHP) patient referred to: (Please specify name or type of AHP)									
Name Health in Balance- Exercise									
Address 368a Hawthorn Rd, Caulfield South (P) 9523 5110 Postcode 3162									
Referral details – Please use a separate copy of the referral form for each type of service									
Eligible pa	atients may access Med	icare rebat	es for up t	to 5 allied health services of services' column next	s (total) in a	a calendar		the number	
			No of		Item	No of	AUD Town		
No of services	AHP Type	Item Number	No of services	AHP Type	Number	services	AHP Type	Item Number	
	AHP Type Aboriginal Health Worker			AHP Type Exercise Physiologists		services	Podiatrist		
		Number			Number	services		Number	
	Aboriginal Health Worker	Number 10950		Exercise Physiologists	Number 10953	services	Podiatrist	Number 10962	
	Aboriginal Health Worker Audiologist	Number 10950 10952		Exercise Physiologists Mental Health Worker	Number 10953 10956	services	Podiatrist Psychologist	Number 10962 10968	
	Aboriginal Health Worker Audiologist Chiropractor	Number 10950 10952 10964		Exercise Physiologists Mental Health Worker Occupational Therapist	Number 10953 10956 10958	services	Podiatrist Psychologist	Number 10962 10968	
services	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	services	Podiatrist Psychologist	Number 10962 10968	
Referring	Aboriginal Health Worker Audiologist Chiropractor Diabetes Educator Dietitian General ner's signature	Number 10950 10952 10964 10951 10954	services	Exercise Physiologists Mental Health Worker Occupational Therapist Osteopath Physiotherapist	Number 10953 10956 10958 10966 10960		Podiatrist Psychologist Speech Pathologist	Number 10962 10968 10970	
Referring Practition	Aboriginal Health Worker Audiologist Chiropractor Diabetes Educator Dietitian General ner's signature AHP must provide a writ	Number 10950 10952 10964 10951 10954 en report to	o the patie	Exercise Physiologists Mental Health Worker Occupational Therapist Osteopath Physiotherapist Date s	Number 10953 10956 10958 10966 10960 signed	ce, and me	Podiatrist Psychologist Speech Pathologist ore often if clinically ne	Number 10962 10968 10970	
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Referring Practition	Aboriginal Health Worker Audiologist Chiropractor Diabetes Educator Dietitian General ner's signature AHP must provide a writ Allied health professional d health services funded	Number 10950 10952 10964 10951 10954 en report to als should report to by other Common and the common and	o the patie	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 preserved.	Number 10953 10956 10958 10966 10960 d last service eeping and rograms are	ce, and mo	Podiatrist Psychologist Speech Pathologist ore often if clinically ne Australia audit purpo- ole for Medicare rebate www.health.gov.au/epc	Number 10962 10968 10970 eccessary.	