



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

### To be completed by referring GP

Please tick the relevant box below:

- ☐ 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)

**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.

**NOTE: Relevant MBS item(s) above must be BILLED by GP prior to patient receiving their first referred allied health service for Medicare rebate to be payable for that service.**

### GP Details:

Provider Number   
Name   
Address

### Patient Details:

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

Referring General  
Practitioner's signature

Date Signed:

AHP must provide a written report to patient's GP after each service – except where the AHP provides multiple services to a patient under the one referral. In this case, 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/strengtheningmedicare](http://www.health.gov.au/strengtheningmedicare) or ordered by faxing (02) 6289 7120.

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