Medicare copy

Patient copy

DATE OF BIRTH DD // MM / YYY MEDICARE NUMBER	32-DB
DATE OF SERVICE DD / MM / YYY I assign my right to benefits to the dental provider who has rendered the service(s). Dental provider who rendered the above service(s) Provider number Name DB2-DB(a),1405 FIRST NAME INITIAL FIRST NAME SURNAME FIRST NAME INITIAL FIRST NAME	
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- If completing by hand please use BLACK PEN -	
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DATE OF SERVICE DD / MM / YY	
I assign my right to benefits to the dental provider who has rendered the service(s).	
Privacy and your personal information Your personal information is protected by law, including the <i>Privacy Act 1988</i> , and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is produced to process your claim. Your information Name	-
payments and services. This information is required to process your application or claim. Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law. You can get more information about the way became the first of the purpose of the process will mean early work presently information about the way. BB2-DB(a).1405	
in which the Department of Human Services will manage your personal information, including our privacy DD2-DD(a).1405 policy at humanservices.gov.au/privacy or by requesting a copy from the department.	

- If completing by hand please use BLACK PEN -

medicare

ITEM NO.

ASSIGNMENT FORM

DESCRIPTION OF SERVICE (optional)

INITIAL

FIRST NAME ...

SURNAME RESIDENTIAL ADDRESS

PATIENT

(This form is the approved form as prescribed under section 12(2) of the *Dental Benefits Act 2008*)

DB2-DB

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BENEFIT ASSIGNED