## ASSIGNMENT FORM FOR USE BY GENERAL PRACTITIONERS ONLY

## DO NOT REMOVE COVER SHEET BEFORE IMPRINTING

- 1. Only one patient is allowed per form.
- 2. Check date of service is before expiry date by placing an X in the box provided.
- A Card with VISITOR RHCA indicates Medicare will only pay benefits for IMMEDIATELY NECESSARY MEDICAL CARE.
- 4. When completing the voucher use the following steps:
  - (a) Imprint the Medicare Card
  - (b) Remove the cover sheet
  - (c) Complete the relevant sections of the forms making sure information entered into a box is completely within the box. EXAMPLE 12345 OR 12/02/06 OR X
  - (d) If the service is one of the pre-printed services place an X as indicated on the form.
  - (e) If the service is not one of the pre-printed services write the Item Number or Description of Service in the space provided.
- 5. Patient MUST sign the form AFTER the form has been completed.
- 6. Send the RED copy to Medicare, keep the BLACK copy for your records and give the GREEN copy to the patient.

Designed: 03/06

PRIVACY NOTE: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of Australian Government health programs and may be used to update enrolment records. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing, Department of Human Services, Centrelink, other relevant agencies or to a person in the medical practice associated with this claim or as authorised/required by law.

FIGH-MARDON

EF.No FIRST NAME INITIAL	SURNAME	Medicare	81	ASSIGNME FORM	NT prescrib the <i>Heal</i>	m is the approved form as ed under section 20A of th Insurance Act 1973)	DB2-GF
		PATIENT REF. No.		OF SERVICE MM / YY		/	/
		DESCRIPTION OF SE	RVICE	ITEM NO.	Х	BENEFIT A	SSIGNED
	VALID TO	CONSULTATION: LEVEL A		3	X		
	DATE CHECKED	CONSULTATION: LEVEL B		23	X		
MEDICARE NUMBER IF IMPRINTER NOT USED		CONSULTATION: LEVEL C		36			
		STANDARD CONSULTATION		53			
PRACTITIONER USE							
l assign my right to benefits to the practitioner who has rendered the service(s).	NAME & PROVIDER No. OR ADDRESS OF PRACTITIONER WHO RENDERED THE ABOVE SERVICE(S)					No. OF PATIENTS ATTENDED	
X SIGNATURE OF PATIENT	/ / DATE						
MEDICARE COPY						Designed 0	3/06 Printed /0

REF.No	FIRST NAME	INITIAL	SURNAMEAME	Medicare	81	ASSIGNME FORM	NT (This fo prescrit the <i>Hea</i>	rm is the approved form as bed under section 20A of alth Insurance Act 1973	DB2-GF
DATE OF BIRTH				PATIENT REF. No.		OF SERVICE IM / YY		1	/
				DESCRIPTION OF SI	ERVICE	ITEM NO.	Х	BENEFIT A	SSIGNED
			VALID TO	CONSULTATION: LEVEL A		3	X		
			CHECKED	CONSULTATION: LEVEL B		23	X		
MEDICARE NUMBER IF IMPRINTER NOT USED			CONSULTATION: LEVEL C		36	X			
			STANDARD CONSULTATION		53	X			
PRACTIT	TIONER USE								
I assign my right to benefits to the practitioner who has rendered the service(s).			NAME & PROVIDER No. OR ADDRESS OF PRACTITIONER WHO RENDERED THE ABOVE SERVICE(S)					No. OF PATIENTS ATTENDED	
X			1 1						
	SIGNATURE OF PA	ATIENT	DATE						

REF.No	FIRST NAME	INITIAL	SURNAMEAME	Medicare	81	ASSIGNME FORM	(This for prescrit the Heat	orm is the approved form as bed under section 20A of alth Insurance Act 1973)	DB2-GF
	OF BIRTH			PATIENT REF. No.	DATE (	OF SERVICE IM / YY		1	/
			DESCRIPTION OF SERV	/ICE	ITEM NO.	Х	BENEFIT A	SSIGNED	
			VALID TO DATE	CONSULTATION: LEVEL A		3	X		
			CHECKED	CONSULTATION: LEVEL B		23	X		
MEDICARE NUMBER IF IMPRINTER NOT USED		0	CONSULTATION: LEVEL C		36	X			
			STANDARD CONSULTATION		53	X			
PRACTITIONER USE									
I assign my right to benefits to the practitioner who has rendered the service(s).			NAME & PROVIDER No. OR ADDRESS OF PRACTITIONER WHO RENDERED THE ABOVE SERVICE(S)					No. OF PATIENTS ATTENDED	
X	SIGNATURE OF PA		/ / DATE						