

Patient's Details:

Name: _____
 Address: _____

 DOB: _____
 Phone/Mobile: _____
 Medicare No.: _____
 Medicare Patient Ref No.: _____

Referrer Details:

Name: _____
 Address: _____
 Provider Number: _____
 Phone: _____

Referral Details

Eligible patients may access Medicare rebates for up to 5 allied health services (in total) in a calendar year. Indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP.

Number of Services

AHP Type

Item Number

Audiologist

81310

Referring General Practitioner's Signature: _____ Date: _____

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 Department of Human Services (Medicare) audit purposes.

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.

This form may be downloaded from the Department of Health website at www.health.gov.au/mbsprimarycareitems.

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS

To contact us or book at your preferred clinic:

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