

Patient's Details:

Name: _____
 Address: _____

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

GP Details:

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

To be completed by referring GP (Please tick)

- Patient has GP Management Plan (item 721) AND Team Care Arrangements (item 723) OR
 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.

Referral Details

Eligible patients may access Medicare rebates for a maximum of 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.

Number of Services	AHP Type	Item Number
<input type="text"/>	Audiologist	10952

Specific Audiological Chronic Concern

- Hearing Wax/Cerumen/Otitis Externa Vestibular/Dizziness/Balance
 Tinnitus Central Auditory Processing Disorder (CAPD)

Referring General Practitioner's Signature: _____ Date: _____

The Allied Health professional 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:

Phone: **1300 CLARITY (1300 252 748)**
 Email: enquiries@clarityhearingsolutions.com.au
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HealthLink EDI: clarityh

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