# Assignment of Medicare Benefits for Bulk Billing

Enduring Agreement – Patient registered in MyMedicare

Patient is registered in my Medicare with:

Newtown Medical Centre

(●) YES ( ) NO

## Patient/Assignor details

Patient Name (e.g. firstname initial lastname):

Is the assignor the patient: ( ) YES ( ) NO

*Instruction: This section below is to be completed if the assignor is not the patient.*

If NO, name of the assignor (e.g. firstname initial lastname):

If NO, assignor's relationship to patient (Choose only 1 of the following):

- ( ) Parent
- ( ) Stepparent /or
- ( ) Foster Parent
- ( ) Spouse or
- ( ) de facto Partner
- ( ) Relative who is at least 18 years old and a member of the other person's household
- ( ) Guardian
- ( ) Enduring Power of Attorney granted by the other person that is exercisable in relation to decisions about the other person's health.

*Instruction: This section below is to be completed if the assignor is 14 years or older and is not the patient. This section does not need to be completed if the patient is aged under 14 or under an Enduring Power of Attorney or a State Trustee arrangement.*

Patient's Statement consenting to the Assignor named above entering this enduring agreement on their behalf.

I,

agree to the assignor named in this agreement entering into this enduring agreement on my behalf and I understand and agree that after each service I receive under this agreement, a notification will be sent to the assignor named in this agreement advising them of the service.

Patient signature or ( ) Accept / ( ) Not Accept

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## Practice and provider details

Name of provider:

Practice address:

NA

OR

Provider number:

The following professional services will be covered under this assignment (i.e. Category, Group, Subgroup, Items):

**Circumstances in which this agreement will end**

- An enduring agreement will cease if the patient is no longer registered in MyMedicare, if the practitioner is no longer working at the practice, or is no longer a medical practitioner, or when the patient turns 14 years of age (at 14 years a patient can make their own agreement or consent to someone doing it on their behalf).
- An enduring agreement may be terminated at any time by written notice from a party to the agreement, or by the patient to the non-assignor party.

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## Post Service Notifications

Assignor to indicate a post-service notification preference:

- ○ Text
- ○ Email
- ○ Post
- ○ Weblink/App
- ○ Other: _____

Assignor's Signature: _____ Date: ___ / ___ / _____

## Privacy Statement

*Instruction: This is an example privacy statement. Practices or providers may insert their own statement and link to their relevant privacy policy.*

Newtown Medical Centre collects and handles your personal information in accordance with the Privacy Act 1988 and the Australian Privacy Principles , for the purpose of assessing entitlement to, and administration of, payments and services.

This information has been collected to enable us to process your claim. Failure to provide this information may prevent you from accessing bulk billing if you where eligable.

Your personal health information will only be used for the purposes for which it was collected, or as otherwise permitted by law and we respect your right to determine how your personal health information is used or disclosed.

At all times, we are required to ensure your details are treated with the utmost confidentiality. Your records are very important and we will take all steps necessary to ensure they remain confidential.

You can read our Privacy Policy by asking reception and they will email you a copy.