Referral form for Group Allied Health Services under Medicare for patients with type 2 diabetes

Note: GPs can use this form issued by the Department of Health and Ageing or one that contains all of the components of this form.

PART A – To be completed by referring GP (tick relevant boxes):

- ☐ Patient has type 2 diabetes AND either
- ☐ GP has prepared a new GP Management Plan (MBS item 721) OR
- ☐ GP has reviewed an existing GP Management Plan (MBS item 732) OR
- ☐ for a resident of an aged care facility, GP has contributed to or reviewed a care plan prepared by the facility (MBS item 731) [Note: Generally, residents of an aged care facility rely on the facility for assistance to manage their type 2 diabetes. Therefore, residents may not need to be referred for allied health group services as the self management approach may not be appropriate.]

Note: GPs are encouraged to attach a copy of the relevant part of the patient's care plan to this form.

Please advise patients that Medicare rebates and Private Health Insurance benefits cannot both be claimed for this service

GP details

Provider Number ☐☐☐☐☐☐☐☐

Name

Address Postcode

Patient details

First Name Surname

Address Postcode

Note: Eligible patients may access Medicare rebates for **one** assessment for group services item in a calendar year. Indicate the name of the practitioner (diabetes educator, exercise physiologist or dietitian), or the allied health practice, you wish to refer the patient to for this assessment. The assessment must be done before the patient can access group services.

Allied Health Practitioner (or practice) the patient is referred to for Assessment:

Name of AHP or practice

Address Postcode

Referring GP's signature **Date**

PART B – To be completed by Allied Health Professional who undertakes Assessment service:

Eligible patients may access Medicare rebates for **up to 8** allied health group services in a calendar year. Group size must be between 2 and 12 persons.

Indicate the name of the provider/s, and details of the group service program.

Name of provider/s:

Name of program:

No. of sessions in the program:

Venue (if known):

Name of Referring AHP: **Signature and date**

AHPs must provide, or contribute to, **a written report** to the patient's GP after the Assessment service and at completion of the group services program.

AHPs should retain a copy of the referral form for record keeping and Medicare Australia audit purposes.

Allied health services funded by other Commonwealth or State/Territory programs are not eligible for Medicare rebates under these items, except where the service is operating under sub-section 19(2) arrangements.

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

THIS FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS