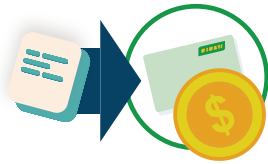


What is Assignment of Benefit?

Your agreement authorising Medicare to pay the service provider.



Key Changes

1 No Paper Needed!

Now, you will have the option to sign the form digitally, sent by SMS, by tapping **Accept** on your phone.



2 Enhanced Flexibility

You may be able to sign the form either **before, during or after** your bulk billed service.

Scan the QR code to watch a short video to learn more



Website
bestpracticesoftware.com



Mail
sales@bpsoftware.net

Assignment of Benefit Changes

What you need to know before 1st July 2026

From 1st July 2026

You must assign your benefit in order for your consultation to be paid.

If you do not assign your benefit, private fees will apply.

Assignment of Benefit Changes

What is Assignment of Benefit?

From 1st July 2026, Assignment of Benefit (AoB) refers to the process by which a patient authorises Medicare to pay their benefit directly to the healthcare provider, rather than reimbursing the patient. This arrangement streamlines payments to providers and reduces administrative effort for both patients and practices.

What you need to know?

Electronic Forms

Providers will be able to generate and send electronic forms (via SMS) to patients to assign their benefits through web forms on their own devices.

Pre and Post-Assignment Flexibility

New digital options will allow benefits to be assigned when booking a service (pre-assignment) or after a service has occurred (post-assignment), rather than strictly during the attendance.

Basic Service Description

For pre-assignment agreements, a 'basic service description' will be provided on the form instead of item numbers. (e.g., GP – Standard, Specialist – Procedure) to provide patients with meaningful information before the consult.

Why were you asked to sign the form again?

There are times when Medicare does not accept a claim on the first submission. This can happen if Medicare needs more information or if details on the original claim need to be updated. When this occurs, your practice is legally required to ask you to reassign your Medicare benefit so the corrected claim can be resubmitted.

You may be asked to reassign your benefit in one of two ways:

- By SMS: You may receive an SMS from your Practice with a secure link to approve a new Assignment of Benefit through an online form.

- By paper form: Your practice may also ask you to sign a new paper Assignment of Benefit form.

Reassigning your benefit allows your practice to bulk bill the service again. If you choose not to complete this step, Medicare will not allow the claim to be processed as bulk-billed, and you will be required to pay the full cost of the service.

Why are these changes happening?

Despite its benefits, the current Assignment of Benefit process faces several challenges. Paper-based workflows can be slow, prone to errors, and difficult to manage, especially as telehealth and digital health services become more common.

Legal compliance is also complicated by evolving requirements for consent, particularly with the rise of electronic and verbal agreements. Audits revealed shortcomings in consent procedures and record-keeping, especially when verbal consent was obtained during telehealth sessions.

These limitations highlight the need for modernisation, including more integrated digital solutions, clearer legal standards, and processes that better support both providers and patients in a rapidly changing healthcare environment.

You must assign your benefit in order for your consultation to be paid



Patients will be able to fill the form before, during or after the consult



SMS/Paper based forms will be available

