



Clinical Briefing Document

Assignment of Benefit Changes 01 July 2026

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Executive Summary of Changes

From 1 July 2026, the Australian Government will modernise the Assignment of Benefit (AoB) process for all Medicare bulk-billed services. These changes, enacted through the Health Insurance Legislation Amendment (Assignment of Medicare Benefits) Act 2024 and the Health Insurance Amendment (Assignment of Medicare Benefits and Other Measures) Regulations 2025, represent the most significant reform to bulk-billing administration since the Medicare system was established. The reforms were prompted by a 2023 Australian National Audit Office (ANAO) report that identified legal risks in the temporary verbal consent arrangements adopted for telehealth during the COVID-19 pandemic.

The key reforms commencing on 1 July 2026 are:

- removal of the GP co-signature requirement for bulk-billed AoB forms;
- introduction of digital consent via SMS, email, or web form; allowance for pre-assignment (before the service) and post-assignment (after the service);
- retention of an updated paper-based workflow as a permanent fallback; a mandatory two-year retention period for all completed AoB agreements; and a new field to identify whether the assignor is the patient or an authorised representative.
- The enduring AoB model — a single consent covering multiple future services — is the long-term policy direction but is not part of this commencement and will be introduced in a later regulatory update.

These changes affect all medical practitioners who bulk-bill, practice managers and administrative staff, patients receiving bulk-billed services, specialists providing simplified billing services, private health insurers, practice management software vendors, and hospitals.

General practices should begin preparing now by:

- confirming PMS readiness,
- updating patient contact details,
- registering with the ACMA SMS Sender ID Register,
- configuring their retention procedures
- and training staff on the new workflows.

Important Changes for Practices to Consider

Practice Management Software Readiness

The most critical preparatory step for practice managers is confirming that their practice management system (PMS) will be production-ready by 1 July 2026. Best Practice Software has developed and will continue to develop AoB modules that support digital consent workflows, pre-assignment and post-assignment pathways, and two-year retention of signed agreements.

Practices should ensure their software is up to date and confirm that all required configuration settings are correct. Best Practice has created a wide range of training materials to support practices during this transition, which are available through the online Bp Knowledge Base.

Practices should schedule staff training and upskilling in the new workflows well before the 1st July change. Best Practice will run a series of webinars to help practice staff understand the changes and support a successful transition.

Patient Contact Data Quality

The digital consent workflow depends entirely on accurate patient mobile phone numbers and email addresses. Practices should undertake a data quality audit now, focusing on patients who are regularly bulk-billed. Reception staff should verify contact details at every opportunity – at check-in, during appointment booking, and via patient portal prompts.

Practices with large cohorts of elderly patients or patients who do not use mobile devices should plan for higher paper form usage and ensure adequate stocks of updated paper forms are available. It would be prudent to develop a practice policy for handling patients who cannot or choose not to provide digital contact information.

ACMA SMS Sender ID Registration

Best Practice Software strongly recommends that practices intending to send AoB consent requests via SMS register a branded sender ID with the Australian Communications and Media Authority (ACMA) SMS Sender ID Register. Without registration, SMS messages will appear to patients as originating from an “unverified” sender, which may reduce consent completion rates and expose the practice to phishing concerns.

Registration is straightforward, but practices should allow adequate lead time, as the ACMA registration process can take several weeks during peak demand periods. Best Practice Software will actively contact and assist practices with the Sender ID Registration process.

Two-Year Retention and Compliance

The regulations introduce a mandatory two-year retention period for all completed AoB agreements. This is the first time a specific retention period has been codified in the AoB rules. For digital agreements, the retained record must include the patient-signed web form (PDF or equivalent) with patient identifier, service description, date of consent, and an audit trail.

For paper agreements, the signed paper form itself must be retained. Both must be retrievable upon request by Services Australia or during a compliance audit. Practices should establish a clear policy for storing and retrieving paper forms, particularly for practices that use off-site storage.

The latest version of Best Practice Software includes the ability to store and retrieve digital versions of the AoB forms sent by SMS. See the Bp Knowledge Base for more information.

Managing Unsigned AoB Agreements

Under the post-assignment workflow, patients will receive a digital consent link after their consultation, and should be encouraged to complete the consent information as soon as possible. Otherwise, potential financial risks are introduced to your practice, where some patients will not complete the AoB, leaving your practice unable to claim the Medicare benefit for that service.

Practices should implement a follow-up protocol – for example, a reminder SMS at 24 hours and a phone call at 72 hours – and train administrative staff to monitor daily the volume of unsigned AoB. Each uncompleted AoB represents an uncollected Medicare benefit, so timely follow-up is essential to maintaining practice revenue.

The latest version of Best Practice Software has integrated workflows to assist practices with administering uncompleted AoB forms. See the Bp Knowledge Base for more information.

Important Changes for Doctors to Consider

Removal of the Co-Signature Requirement

From 1 July 2026, the requirement for a GP or medical practitioner to co-sign each bulk-billed AoB form is removed entirely. Under the current system, the practitioner must co-sign to verify that the service was provided. This has been an administrative burden, particularly for high-volume bulk-billing practices, and has posed compliance risks when co-signatures were missed or completed retrospectively. The removal of this requirement should streamline the billing process considerably and reduce the compliance burden on practitioners.

Digital Consent and the Patient-Practitioner Relationship

The introduction of digital consent via SMS, email, or web form means that the AoB process may now occur outside the consultation itself. Patients may complete the assignment before the service (pre-assignment) or after the service (post-assignment).

While this provides flexibility, practitioners should be aware that patients may have questions about the digital consent process during a consultation. Doctors should be prepared to explain briefly that the consent relates to assigning the Medicare benefit to the practice for the bulk-billed service, and that they will receive a link via SMS or email to complete the process. Patients who are uncomfortable with digital methods can still use the paper form.

Telehealth and Verbal Consent Interim Arrangement

Until the modernised AoB process is fully implemented on 1 July 2026, current Medicare Benefits Schedule (MBS) telehealth guidelines state that punitive action will not be taken unless it relates to fraudulent claims. This means GPs are unlikely to face audits on verbal AoB for telehealth in the interim period. However, from 1 July 2026, verbal consent alone will not be sufficient for any bulk-billed service, including telehealth. All bulk-billed services will require either a digital or paper AoB agreement to be completed and retained.

Enduring Consent: What Is Not Changing Yet

An enduring AoB agreement — where a patient provides a single consent that can be reapplied to all future bulk-billed services — is the long-term policy direction of the Department of Health, Disability and Ageing. However, the regulations to support enduring agreements are still being developed and are not part of the 1 July 2026 commencement.

From 1 July 2026, every bulk-billed service still requires its own AoB; the change is that this per-service AoB can now be collected digitally and outside the attendance. Doctors should be aware that enduring consent will arrive in a later regulatory update and should monitor communications from Best Practice Software, the RACGP, AAPM, and Services Australia for updates.

How to Answer Patient Questions: FAQ

Q: What is the Assignment of Benefit, and why is it changing?

A: The Assignment of Benefit (AoB) is the process by which you, as a patient, authorise Medicare to pay your doctor directly for a bulk-billed service, meaning you pay nothing out-of-pocket. The current paper-based process has not changed materially since the 1970s and was not designed for modern healthcare delivery, including telehealth. The Australian Government is modernising the process to make it more convenient, secure, and suited to digital healthcare.

Q: Will I still be bulk-billed under the new system?

A: Yes. The changes do not affect your eligibility for bulk billing or the Medicare rebate amount. You will still pay nothing out of pocket for bulk-billed services. What is changing is how you provide your consent for the Medicare benefit to be paid to your doctor.

Q: How will I provide my consent under the new system?

A: You will receive a link via SMS or email that opens a secure, PIN-protected web form on your phone or device. You review the consent information and sign electronically. This replaces the paper form you currently sign at reception. If you prefer, a paper form remains available as a permanent option.

Q: Can I provide consent before my appointment?

A: Yes. Under the new system, you can provide consent before your appointment (pre-assignment). When you book your appointment, you may receive a consent link that you can complete at your convenience before the consultation. This is particularly useful for telehealth appointments and scheduled reviews.

Q: What if I forget to complete the digital consent after my appointment?

A: If you do not complete the digital consent form after your appointment, the practice will follow up with a reminder. It is important to complete the consent as soon as possible, as the practice cannot claim the Medicare benefit for your service without it. If you have difficulty with the digital process, you can ask the reception for a paper form instead.

Q: Is my personal information secure in the digital consent process?

A: Yes. The digital consent form is accessed via a PIN-protected link sent to your mobile phone or email. The form uses secure web technology, and the information is captured directly into the practice's clinical software. The same privacy protections that apply to all Medicare information apply to the digital consent process.

Q: Do I need a smartphone or email address to be bulk-billed?

A: No. A paper-based consent form remains available as a permanent option for patients who cannot or prefer not to use digital methods. You will not be disadvantaged in any way if you choose to use the paper form. Simply let reception know that you would prefer a paper form.

Q: What if someone else needs to sign on my behalf, such as a parent or carer?

A: The new forms include a field that asks whether the person signing is the patient or an authorised representative, such as a parent, carer, or legal guardian. If you are signing on behalf of someone else, you will indicate this on the form and provide your details as the authorised representative.

Q: Does this change affect my Medicare card or Medicare number?

A: No. Your Medicare card and Medicare number remain unchanged. The AoB changes only affect the administrative process by which your doctor claims the Medicare benefit for a bulk-billed service. You do not need to take any action regarding your Medicare card.

Q: Will my doctor still see me if I have not completed the consent form?

A: Yes. Your doctor will still provide your consultation regardless of whether you have completed the AoB form. However, the practice needs your completed consent to claim the Medicare benefit, so it is important to complete the form promptly – either digitally via the link you receive, or by asking at reception for a paper form.

Q: I had a telehealth appointment and gave verbal consent. Is that still valid?

A: Verbal consent was a temporary arrangement introduced during the COVID-19 pandemic for telehealth services. From 1 July 2026, verbal consent alone will no longer be sufficient for any bulk-billed service, including telehealth. You will need to complete either a digital or paper AoB form. If you have an upcoming telehealth appointment, ask at reception about pre-assignment so you can complete consent before the consultation.

Q: Where can I find more information about these changes?

A: You can find official information on the Services Australia website (servicesaustralia.gov.au), the Department of Health, Disability and Ageing website (health.gov.au), or by speaking with our practice's reception staff. The RACGP (racgp.org.au) and AAPM (aapm.org.au) also provide resources for patients and practitioners.

Sources

1. Australian Government Department of Health, Disability and Ageing – “Improving the assignment of benefit process” (health.gov.au/our-work/improving-the-assignment-of-benefit-process)
2. Services Australia – “Assignment of benefit for bulk bill claims” (servicesaustralia.gov.au/assignment-benefit-for-bulk-bill-claims)
3. RACGP – “Assignment of benefit and signature requirements for MBS” (racgp.org.au/advocacy/advocacy-resources/assignment-of-benefit-and-signature-requirements)
4. Australian Association of Practice Management (AAPM) – “Changes to MBS items – Assignment of benefit and signature requirement” (aapm.org.au)
5. Australian Medical Association (AMA) – “Submission to the Consultation on Assignment of Medicare Benefits for Simplified Billing Services” (ama.com.au)
6. DoHDA – “Assignment of Medicare Benefits for Simplified Billing – Frequently Asked Questions” (May 2026)
7. Bp Knowledge Base – [Assignment of Benefit Changes 01 July 2026](#)

Disclaimer: This briefing document is intended as general guidance only and does not constitute legal or financial advice. Practitioners should consult the official resources cited above and seek professional advice specific to their practice circumstances.