



Verbal assignment of benefit arrangements for telehealth services

Last updated: 18 September 2023

- Verbal assignment for bulk billed telehealth services continues as a temporary option and requires electronic completion of an 'approved form'.
- A copy of the completed form needs to be provided to the patient by email or text.

What are the changes?

The Government has not made any new laws introducing signature requirements for patients to access bulk billing under Medicare. It has been a longstanding requirement under the [Health Insurance Act 1973](#) (the Act) that for bulk billing to occur, a patient (or another person on behalf of a patient as appropriate) must assign their Medicare benefit to the provider in exchange for not incurring any out-of-pocket costs.

The use of verbal assignment by patients for telehealth services should only be used where the patient's written or email agreement to assign their Medicare benefit cannot be obtained. It must include documentation through completion of an electronic 'approved form'.

Why are the changes being made?

An Australian National Audit Office (ANAO) audit report on Medicare telehealth services ([Expansion of Telehealth Services](#)), released in January 2023, identified the use of verbal assignment of a bulk billed benefit as a risk.

Verbal assignment should only be used for telehealth consultations where the patient's written or emailed agreement to assign their Medicare benefit cannot be obtained. Verbal assignment needs to be supported by an 'approved form' under the [Health Insurance Act 1973](#) that is completed electronically.

Guidance provided on the Services Australia website has been updated to provide more specific information. This information is located at [Changes to MBS items during the coronavirus \(COVID-19\) response - Health professionals - Services Australia](#).

What does this mean for providers?

Providers are required to meet their obligations under the Act. Failure to do so could have serious consequences.

Guidance has been updated on Services Australia's website to clarify how providers can obtain a patient's assignment of benefits verbally, where they are not able to obtain written agreement. These arrangements apply to all health providers accessing telehealth services.

See - [Assignment of benefit signature requirements and exemptions](#).

Frequently Asked Questions are appended to this Factsheet at **Attachment A** to provide additional guidance to providers.

How will these changes affect patients?

Patients can continue to assign their Medicare benefits in return for bulk billing and must receive a copy of a completed form documenting their agreement. The form will confirm the service/s that are to be bulk billed, and if so, that assignment was provided.

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the [Health Insurance Act 1973](#) and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.

Frequently Asked Questions

Has the Government made a new law requiring patients to sign a form to receive bulk billed services?

No, the Government hasn't made any new law introducing signature requirements for patients to access bulk billing under Medicare.

It has been a longstanding requirement under the [Health Insurance Act 1973](#) that for bulk billing to occur a patient (or another person on behalf of a patient as appropriate) must assign their Medicare benefit to the health professional in exchange for not incurring any out-of-pocket costs. The requirement for a patient's signature is an important deterrent to fraud (e.g. claims for services that were not provided).

An Australian National Audit Office (ANAO) audit report on Medicare telehealth services (see: [Expansion of Telehealth Services](#)), released in January 2023, identified verbal assignment of benefit as a risk.

Verbal assignment should only be used for telehealth consultations where the patient's written or emailed agreement to assign their Medicare benefit cannot be obtained. The most recent updates on how to do assignment of benefit provide guidance on how requirements can be met for telehealth services delivered via phone or video. These arrangements apply to all health professionals. See [Changes to MBS items during the coronavirus \(COVID-19\) response - Health professionals - Services Australia](#)

Did the Government stop bulk billing for telehealth services?

The Government has not ended bulk billing for telehealth services.

It is at the discretion of health professionals whether they provide bulk billing, or instead choose to impose private fees. To encourage medical practitioners who bulk bill patients, the Government provides a bulk billing incentive (BBI) payment to practitioners for their bulk billed services to patients with a Commonwealth Concession Care Card and children under 16 years of age. More information on the BBI is available at [Education guide - Claiming bulk bill incentive items - Health professionals - Services Australia](#)

Why has information on Services Australia's website been changed for telehealth and the use of verbal assignment?

Information on Services Australia's website has been updated to provide more specific information on the requirements of the [Health Insurance Act 1973](#) (the Act). This advice is located at [Changes to MBS items during the coronavirus \(COVID-19\) response - Health professionals - Services Australia](#).

Practical guidance has been added to the website to assist health professionals to obtain patient agreement to assignment of benefit, and to provide links to 'approved forms' for all health practitioners.

Why did verbal patient assignment end for telehealth services?

The use of verbal assignment by patients for telehealth services continues but may only be used where the patient's written or emailed agreement to assign their Medicare benefit cannot be obtained.

How can a provider get a patient's verbal agreement to assign their Medicare benefit for telehealth services?

Health professionals need to explain how they will complete the approved form to the patient. If verbal agreement is obtained, document this by typing 'patient verbally agreed' in the Patient signature field of the approved form. A copy of the completed form must be sent electronically (for example, via email or text) to the patient.

While the guidance in this *FAQ* focuses on electronic methods for telehealth, it is also possible to obtain a patient's written agreement to assign their benefit by post, which could address the scenarios where patients do not have access to a smart phone or email. Choosing the most appropriate approach to obtain a patient's assignment of benefit is a matter for healthcare professionals and the practices they work for, mindful of any limitations patients may advise (e.g. lack of access to a smart phone or email).

Services Australia publishes guidance for health professionals and practice managers on signature requirements for assignment of benefit for bulk billed services. See - [Assignment of benefit signature requirements and exemptions](#).

Why does a form have to be completed and signed by the patient for every bulk billed Medicare services?

Under the [Health Insurance Act 1973](#) for bulk billing to occur, a patient must assign their Medicare benefit to the provider after a service has been rendered, and this agreement must be documented in an 'approved form'. Before a bulk billed claim can be paid, the assignment of benefits approved form must be signed by the patient (or another person on behalf of a patient as appropriate) and a copy provided to the patient.

What is an 'assignment of benefit form'?

An 'assignment of benefit form' is a form that documents an agreement between a patient and a provider for the patient to assign their Medicare benefit to the provider as payment in return for no out of pocket costs. Under the [Health Insurance Act 1973](#) the form needs to be completed by a provider after a service has been provided, and then signed by the patient (or another person on behalf of a patient as appropriate), and a copy of the signed form provided to the patient.

Under the [Health Insurance Act 1973](#) an ‘approved form’ must be used to document a patient’s agreement to assign their Medicare benefit. ‘Approved form’ is a form approved by the Minister for Health or their Delegate.

What assignment of benefit form should be used to document a patient’s verbal assignment for telehealth services and where can I find it?

The following ‘approved forms’ are available for all health professionals to use to document a patient’s verbal assignment of benefit for telehealth services:

- the DB4E form can be completed digitally. This form is for electronically transmitted claims and can be claimed through HPOS Bulk Bill Webclaim. To fill in this form digitally you will need software that can edit pdf – this could be a specific application or may be possible with modern web-browsers. For more information see - [Bulk bill voucher - electronically transmitted claims form \(DB4E\) - Services Australia](#)
- the DB020 form can be completed digitally. It is to be used in conjunction with Medicare Bulk Bill Webclaims only. For more information see - [Assignment of benefit Medicare bulk bill Webclaim form \(DB020\) - Services Australia](#)

To document a patient’s verbal assignment for telehealth services, health professionals need to type ‘patient verbally agreed’ in the Patient signature field of the approved form. A completed form must be sent electronically (for example, via email or text) to the patient.

Health professionals cannot use the assignment of benefit form that the HPOS Bulk Bill Webclaim system generates to record verbal assignment of benefit for telehealth services. Health professionals will need to electronically complete the DB020 form instead.

Why are there several versions of the ‘approved form’ for the assignment of benefit?

There are ‘approved forms’ provided for different health practitioners, for example pre-printed stationery forms provided for manual processing for GPs are different to forms provide to Optometrists. In most scenarios a DB4E is the appropriate form to use.

What is an ‘approved form’? How do I know if a form is ‘approved’?

An ‘approved form’ is a form approved by the Minister for Health and Aged Care or their Delegate. ‘Approved forms’ are listed on Services Australia’s website, together with information about how practitioners should use them.

Does a patient need to sign an approved assignment of benefit form in person?

The [Health Insurance Act 1973](#) enables bulk billing and requires that a patient (or person responsible for a patient’s medical expenses) sign a [Medicare assignment of benefit form for a bulk-billed professional service](#) in person, by email, fax or post.

How can a provider be sure a patient has received a signed copy of the assignment of benefit agreement?

The patient must be provided a signed digital or paper copy of the assignment of benefit form. Providers who provide copies of signed forms to patients electronically can use records of these communications to demonstrate compliance with this requirement. Where a patient is provided a paper copy of a form by post or in person, it would be difficult for a provider to evidence that a patient received a copy. For this reason, providers are encouraged where possible to provide electronic copies of signed forms to patients.

Providers should retain contemporaneous records for up to 2 years for possible review.

What if the patient does not agree to assign their Medicare benefit?

If a patient does not respond or declines to assign their benefit, then bulk billing cannot be used, and a private bill could be sent to the patient, or alternatively a health practitioner may choose to charge a patient under Pay Doctor Via Claimant (PDVC) arrangements. Health practitioners have the option to consider using this billing method to assist in managing the upfront cost of medical services for patients