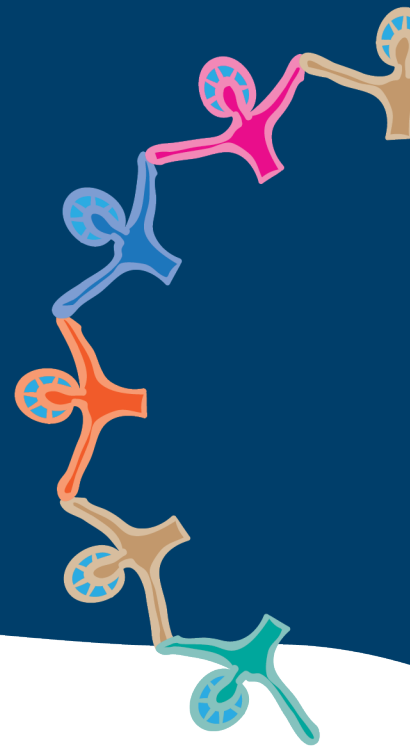


Assignment of Benefit consent changes

Practice resource



NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.



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Disclaimer

This resource is intended as a practical guide for general practices and should not be relied on as legal, billing, or regulatory advice. Practices should confirm current requirements with Services Australia, Medicare, and any applicable legislation, regulations, or software vendor guidance before implementation.



What is changing

The Department of Health, Disability and Ageing (the Department) is modernising the Assignment of Benefit (AoB) process for Medicare bulk billed services. The intent is to move from largely paper-based processes to electronic options, improve transparency for patients, and support Medicare billing integrity.

- The new assignment of benefit processes for Medicare bulk billed services are due to commence from 1 July 2026.
- The reform is focused on how a patient's consent is captured and recorded for bulk billed services.
- Electronic options are expected to support patient consent and record keeping, replacing the existing paper-based approach over time.
- While the broader project is ongoing, the Department and Services Australia have released guidance on using verbal assignment in compliance with the law for bulk billed telehealth consultations.
- Enduring consent is being considered for settings where patients receive repeat or ongoing bulk billed care, including Aboriginal Community Controlled Health Organisations and residential aged care homes, but practices should wait for final Department and Services Australia guidance before implementing this locally.
- Practices should continue to check Department, Services Australia, Medicare, and software vendor guidance as implementation details are finalised.

Important: Bulk billing is not being removed. What is changing is the way a patient's consent is captured and recorded.

Practice-facing templates and patient resources

This resource pack is designed for general practices, including practice managers, reception teams, clinicians, and administrative staff. It provides practical information, guidance, and materials to help practices prepare for the updated bulk billing consent process. Use these resources as a starting point to review your workflow, test your approach, and adapt the wording and format to suit your policies, procedures, and patients' needs.



Modernised bulk billing consent

This section outlines the practical changes to Assignment of Benefit arrangements for bulk billed services and what they mean for general practice workflows.

What is changing and when

- Assignment of Benefit (bulk billing consent) is being modernised.
- The Department states that the new assignment of benefit processes for all Medicare bulk billed services commence on 1 July 2026.
- The reform is intended to move the existing paper-based assignment process to electronic options and make the process easier, safer, and more efficient for patients, providers, and administrators.
- The Department and Services Australia have released guidance for providers on using verbal assignment in compliance with the law for bulk billed telehealth consultations while the project is ongoing.
- Practices should continue to check Department, Services Australia, Medicare, and software vendor guidance as implementation details are finalised.

Workflow implications

- Workflows may need to move from paper-based assignment forms toward electronic consent and record-keeping options as systems become available.
- Practices should ensure patients understand that assigning a Medicare benefit means the benefit is paid to the practitioner or provider who accepts the Medicare rebate as full payment for the service.
- A copy only needs to be provided if the patient requests one.
- Record-keeping processes should support Medicare compliance and patient transparency, including clear evidence that the patient or entitled person agreed to assign the benefit.
- Practices should review local workflows for telehealth, in-practice services, outreach, and residential aged care settings, noting that current Department and Services Australia guidance specifically addresses verbal assignment for bulk billed telehealth consultations while the project is ongoing.

Practice actions

- **Put assignment agreements in place:** provide the agreement in writing, either on paper or electronically, include the required information, confirm who is signing, and capture valid consent or signature.
- **Store records properly:** keep signed agreements for two (2) years.
- **Choose how consent will be captured:** options may include a tick box, SMS, email, stylus or tablet signature, or a digital signature platform.
- **Check your identification process:** the method used must reliably identify the patient and clearly show that consent was given.



Basic service descriptions

For pre-service consent, practices do not need exact item numbers upfront. Services can be described using broad categories such as short consult, standard consult, long consult, procedure, care planning, or allied health. This gives practices more flexibility at the booking or front desk stage. If the service provided falls outside that description, a new agreement is required.

Special rules and settings to be aware of

- **Pathology and imaging:** Specific data fields are required, such as the specimen date or imaging date.
- **Multiple services:** Future planned services can be included where the relevant details are known.
- **Enduring assignment:** Enduring consent is intended to support one consent being reused for future bulk billed services with the same provider in appropriate repeat-care settings, including Aboriginal Community Controlled Health Organisations and residential aged care homes. Final operating rules remain subject to Department and Services Australia guidance, so practices should not treat enduring consent as available until the requirements are confirmed.
- **Residential aged care and nursing home patients:** Practices will need a clear process for who can give consent when a patient cannot easily sign or confirm it themselves. Where another person is providing consent, practices should confirm that person's authority and record the relationship or basis for that authority. Workflows may need to account for phone-based consent, remote confirmation, or coordination with facility staff while still clearly identifying the patient and documenting consent properly.

Likely practice concerns

- Some patients may think bulk billing is ending.
- Many practices may prefer in-practice solutions first rather than a booking system integration.
- Clear staff explanations will be important for patient reassurance.
- Residential aged care and outreach settings may need extra workflow support and clearer guidance on who can consent.

Implications for practice managers

Immediate impacts

- Adjust front desk and booking workflows.
- Decide when consent will occur, such as at booking, on arrival, or after the service.
- Work with your software vendor to understand system readiness and workflow options.
- Update local policies, procedures, and staff scripts.

Operational risks

- Reception workflows may slow down if the process is not streamlined.
- Inconsistent consent capture may create compliance risk.
- Patient confusion may lead to complaints or refusal to sign or confirm.
- Vendor readiness delays may affect implementation planning.



Opportunity

- Streamline bulk billing administration.
- Reduce repeat paperwork once enduring assignment becomes available.
- Support more efficient digital workflows over time.

Traffic light decision tool

A simple visual tool is useful to help practices assess whether their consent process is ready to implement, needs refinement, or is not ready to proceed.

Traffic light decision tool

Choosing the right consent process

How to use this tool:

Use the traffic light decision tool to sense-check your consent process before rollout. Green means likely workable. Amber means refine it. Red means do not proceed yet.

Map it first.

Map one workflow.
Test it.
Then scale it.

Red light (do not roll out yet)

- › You cannot reliably identify the patient or record consent.
- › You do not know where the record will be stored or retrieved.
- › The required forms, systems, or workflows are not ready.
- › Staff do not know roles, wording, or what to do if the patient cannot consent directly.
- › The process is likely to create confusion, delays, or inconsistent practice.
- › Higher-complexity settings have not been worked through.

Amber light (refine before rollout)

- › You are still choosing between paper, digital, or mixed methods.
- › The workflow does not yet work across all settings.
- › Staff are unclear on when or how to capture consent.
- › Vendor or system readiness is not yet confirmed.
- › You still need a process for patients who cannot easily consent.
- › You do not yet have a simple patient explanation ready.

Green light (likely workable)

- › Consent timing is decided.
- › The method is simple for staff and patients.
- › The workflow works across common appointments.
- › Forms, software, and record storage are ready.
- › Staff know what to say, do, and record.
- › The process has been tested on a small scale.



Suggested patient consent wording

The below is a sample of wording practices can adapt for patient consent, along with the core fields needed to support consistent record keeping, ready-to-use on your practice's letterhead/template.

Tip: Many practices may find it useful to keep two versions of this template: one for reception or booking workflows, and one for use at the point of care.

I agree to assign my Medicare benefit to the practice or provider named below as full payment for the service or services described below. If my appointment is bulk billed, I understand that I will not receive a separate Medicare benefit payment for that service. I understand that this consent applies to the service described below and that a new consent may be needed if the service provided is outside that description.

Include the following core fields:

- Patient name
- Date of birth and/or Medicare number
- Practice name
- Provider name
- Service description
- Date of service or planned date
- Consent method: paper, tablet, SMS, email, or other
- Patient signature or digital confirmation
- Date consent captured.

Suggested staff-use information

For staff use, also record the following operational information:

- Identity checked: Yes / No
- Time consent was captured: Before or after service
- Record saved in practice software or document management system
- Copy provided to patient if requested
- Retention period noted in line with current record-keeping requirements.



Suggested patient form wording and layout

The below is a sample of a patient-friendly form that explains the agreement and can be adapted for local practice use, ready-to-use on your practice's letterhead/template.

This form asks for your permission to bulk bill this service. If you agree, your Medicare benefit will be paid directly to your practice or provider.

Your details

Please fill in your details.

Full name: _____
Date of birth: _____
Medicare number (if needed): _____

Your appointment

Please fill in your appointment details.

Practice name: _____
Practice or provider name: _____
Service or appointment type: _____
Date of service: _____

Your agreement

Please read the statements below and tick the box if you agree.

- I agree to this practice or provider bulk billing this service.
- I understand that my Medicare benefit will be paid directly to the practice or provider as full payment for this service.
- I understand that I will not receive a separate Medicare payment for this bulk billed service.
- I understand that if the service changes, I may be asked to give consent again.

Signature or confirmation

Patient signature or digital confirmation: _____
Date: _____
If someone is signing on behalf of the patient; name, and relationship: _____

If you have any questions, please ask our staff before you sign.
You can also ask for a copy of this form.



Suggested patient explainer flyer wording

The below content provides a brief outline of changes, developed to help patients understand bulk billing, what is changing, and what they may be asked to do. It is ready-to-use on your practice's letterhead/template.

From 1 July 2026, your practice may use a new way to record your consent for bulk billed services.

What bulk billing means

- If your appointment is bulk billed, Medicare pays the benefit directly to your practice or provider.
- You do not receive a separate Medicare payment for that service.
- You may still be asked to confirm that you agree to be bulk billed.

What is changing

- Practices may ask for your consent before or after your appointment.
- You may be able to give consent on paper or digitally.
- Your practice needs to keep a record of your consent.

What you may be asked to do

- Read the consent information.
- Confirm that you agree to your Medicare benefit being paid to the practice or provider.
- Sign or confirm your agreement using the method your practice offers.
- Ask questions if anything is unclear.

Common questions


- **Is bulk billing going away?** No. Only the way your consent is recorded may change.
- **Will I still need to agree?** Yes. Your practice still needs your permission to bulk bill the service.
- **Can I ask for help?** Yes. Practice staff can explain the process before you sign or confirm anything.

If you have questions, please ask your practice team before you sign or confirm anything.

Appendix A: Bulk billing changes waiting room poster

A simple waiting room poster to reassure patients about the updated consent process from 1 July 2026.

To download a copy, [click here](#) or visit NQPHN's resource library at <https://nqphn.com.au/resource-library>



**Bulk billing
is not changing**

From the 1 July 2026, we may use a different way
to record your consent.

- You may be asked to confirm your consent 
- This may happen on paper or digitally  
- Please ask our team if you have questions 

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Bulk billing is still available. **Only the way
your consent is recorded may change.**

Appendix B: One-page infographic for practice managers

A one-page infographic for practice managers summarising key workflow changes and implementation points.

To download a copy, [click here](#) or visit NQPHN's resource library at <https://nqphn.com.au/resource-library>

Assignment of Benefit consent changes

Information for practice managers

Bulk billing is not ending. From 1 July 2026, the main change is how patient consent for Assignment of Benefit (AoB) can be captured and recorded.

What is changing

- > Consent can be captured **before or after** the service.
- > **No provider signature** is required.
- > A patient copy is only needed **if requested**.
- > Practices must keep records for **two years**.
- > Pre-service consent can use a **basic service description**.

Examples

- > Short consult. > Long consult. > Care planning.
- > Standard consult. > Procedure. > Allied health.

Transitioned approach

A 12-month transition approach will commence from 1 July 2026. During this period, verbal consent remains available in all settings, enduring assignment is available earlier for eligible groups, and compliance will begin only after regulatory changes are complete, starting with prevention and education.

Practices and software vendors should continue preparing for long-term workflow and digital changes.

Practice manager priorities

- > Decide **when** consent will happen.
- > Choose **how** patient consent will be captured:
 - paper, tablet, SMS, email, or mixed model.
- > Make sure the process **identifies the patient** and shows consent was given.
- > Set up a process to store and retrieve records for **two years**.
- > Update staff scripts, workflows, and procedures.

Special settings

- > **Pathology and imaging:** extra required data fields apply.
- > **If the service changes:** a new agreement may be needed.
- > **If someone else consents:** confirm and record their authority.

Watch points

- > Patients may think **bulk billing is ending**.
- > Reception workflows may slow down if not streamlined.
- > Inconsistent consent capture creates **compliance risk**.
- > Software vendor readiness may vary.
- > Residential aged care, outreach, and substitute decision-maker situations need extra planning.

Timeline

- > **1 July 2026:** Pre-service episodic assignment and 12-month transition begin.
- > **2027 (subject to regulations):** Enduring assignment may begin for future services with the same provider.

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This is a workflow change, not just a form change. Your process should show who consented, what they consented to, when consent was given, and where the record is stored.

Keep it simple: Use a clear service description, confirm identity, capture consent, store the record, and make sure staff can explain the change confidently.

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Appendix C: One-page patient-facing infographic

A patient-friendly infographic explaining what the changes mean in practice.

To download a copy, [click here](#) or visit NQPHN's resource library at <https://nqphn.com.au/resource-library>

Bulk billing is not changing
What you need to know about consent from 1 July 2026

From 1 July 2026, your practice may use a different way to record your consent for bulk billed services. Bulk billing itself is not changing.

What bulk billing means

- > Medicare pays the benefit directly to your doctor or practice.
- > You do not get a separate Medicare payment for that service.
- > Your practice may still ask for your permission to bulk bill the service.

What you may be asked to do

- > Read the consent information.
- > Confirm that you agree to your Medicare benefit being paid to the practice or provider.
- > Sign or confirm your agreement using the method your practice offers.
- > Ask questions if anything is unclear.

Common questions

Q. Is bulk billing going away?
A. No. Only the way your consent is recorded may change.

Q. Will I still need to agree?
A. Yes. Your practice still needs your permission to bulk bill the service.

Q. Can I ask for help?
A. Yes. Practice staff can explain the process before you sign or confirm anything.

What is changing

- > Your practice may ask for your consent before or after your appointment.
- > You may be able to give consent on paper or digitally.
- > Your practice needs to keep a record of your consent.

You may be asked to confirm your consent on paper, a tablet, or another digital method.

If you have questions, please ask your practice team before you sign or confirm anything.

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References

1. Services Australia (2024), *Assignment of benefit and bulk billing guidance*, viewed 22 June 2026, <https://www.servicesaustralia.gov.au/assignment-benefit-for-bulk-bill-claims>

