

# Medicare Assignment of Benefit Changes - Get Ready!



HOSTED BY



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**Thursday 11th June**  
**12:30pm AEST**

In the spirit of reconciliation, HotDoc acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community.

We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.



# Housekeeping

-  This session is being recorded & will be sent to you 4-6 hours after this session has concluded along with the resources.
-  Pre-submitted questions will be addressed at the end of today's session, we will do what we can to address additional questions submitted during the LIVE webinar
-  In the “related content” you’ll find our further feedback form.
-  Your certificate of attendance will be accessible at the 40 min mark, you can access via the  certificate icon on your console.
-  Have a play around with the console/ icons on your screen for an interactive experience.
-  Please take some time to complete our feedback survey to let us know what you thought of today's session.

# At the end of this session you will...

- ◆ Understand key changes for Assignment of Benefits processes and associated timelines
- ▲ Have an action plan to implement the changes
- Know how to support patients with technological challenges
- ◆ Identify your current workflows and compliance pressure points
- Have strategies for communicating the changes with your team
- ◆ Understand how to communicate the changes with your patients



# Today's Session

- 🌿 **Current State** - Understanding today's requirements
- 🟠 **Legislative Changes** - What's actually changing
- 🔹 **Assignment Types** - Pre | Post | Enduring
- 🟡 **Technology Infrastructure** - Systems and integration
- 🔺 **Implementation Strategy** - Practical steps for your practice
- 🌿 **Timeline & Compliance** - Critical dates and requirements

# Current State



350 million bulk billed services annually



Paper based (DB4E & DB020 forms)



'Press the button'



Copy of the transaction **MUST** be offered to patients



No need to retain evidence - from 1 July 2026, 2-year retention becomes mandatory









Process makes little sense – to practices and patients

Most....practices are currently non-compliant

# New State (From July 2026)

## Patient can provide consent via:

-  Practice tablet/kiosk at check-in
-  Online booking system
-  Patient portal before visit
-  In-consultation via integrated software
-  SMS link for remote authorisation
-  Paper-based agreements using the new required data set (DB4e DB020 no longer valid)

## Automatic integration with Medicare claiming

## Electronic storage with audit trail

## Instant verification and processing

# Key Changes

**Multiple consent points** - Patient can sign at convenience

- ✓ Pre-service (categories: GP attendances, care planning, health assessments, mental health, telehealth)
- ✓ Post-service (actual item claimed)
- 🕒 Enduring agreement (regulations still being finalised - commencing 2027)









**Real-time processing** - Immediate Medicare submission

**Automatic record keeping** - No manual filing required

**Records retention** - 2 Years

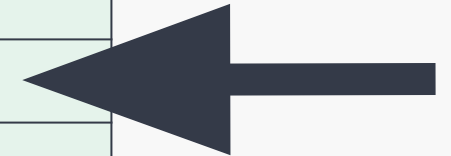
**Enduring agreements** - Work continues to complete regulations to support bulk billed enduring assignment agreements, now scheduled to commence 2027

# Why Digital? Why Now?

-  **Efficiency:** Eliminate manual processing delays
-  **Transparency:** Governance, oversight & integrity
-  **Security:** Enhanced data protection
-  **Accessibility:** Real-time verification
-  **Integration:** Seamless workflow with existing systems
-  **Sustainability:** Reduced environmental impact
-  **Improve** automation and integration with practice and hospital software
-  **Improve** record keeping & patient awareness of claiming

# Assignment Data Sets

Pre-Assignment	Post-Assignment
Patient name	Patient name
Date of assignment	Date of assignment
Assignment type (pre-assignment)	Assignment type (post-assignment)
Is the assignor the patient - yes/no	Is the assignor the patient - yes/no
Details of the provider	Details of the provider
Date of service	Date of service
Basic service description	MBS item(s)



“Where an **electronic** signature is used, it must:

- Reliably identify the assignor
- Reliably indicate assignors’ agreement (by requiring an action)
- Meet all other privacy and information technology requirements” - Page 15

# What's a Basic Services Description?

- Basic services descriptions are for pre-assignment agreement using service 'categories'
- Attendances, Care Planning, Health Assessment, Mental Health, etc.
- If a patient receives a service outside the scope of a particular basic services description, they need to sign a post-consent agreement with the correct info
- Basic services agreements will be published on MBS Online and updated quarterly

# Assignment Touchpoints

## Pre-Service:

- Online booking systems
- Patient portal pre-registration
- SMS confirmation links

## Point of Service:

- Reception desk tablets
- Consultation room integration
- Kiosk self-service

## Post-Service:

- Retrospective assignment
- Remote authorisation
- Follow-up confirmation

Providers will be required to retain a copy of completed agreements for  
2 years

# Workflow Redesign

## Reception

- Digital consent at check-in
- Troubleshooting common issues
- Alternative options for patients

## Clinical Staff

- In-consultation assignment
- Integration with clinical notes
- Verification procedures

## Administration

- Electronic record management
- Reconciliation processes
- Compliance monitoring
- Revenue monitoring

# Supporting Your Team

## Communication Strategy

- Clear timeline communication
- Regular update meetings
- Feedback mechanisms

## Training Approach

- Role-specific training modules
- Hands-on practice sessions
- Quick reference guides

## Support Structure:

- Designated champions
- Vendor support contacts
- Peer support network

# Patient Communication

## Key Messages:

- Improved convenience and security
- Multiple signing options available
- No change to Medicare benefits
- Privacy protection enhanced

## Communication Channels:

- Practice website updates
- Waiting room information
- SMS notifications
- Broadcast Email

# Practical Considerations

## Technology-challenged patients:

- Assisted digital signing
- Alternative verification methods (note: verbal telehealth consent ends 1 July 2026)
- Family, POA, carer support options
- Paper forms
- Privacy considerations

## System downtime:

- Contingency procedures
- Retrospective assignment
- Service continuity plans

## Multi-practitioner services:

- Shared assignment protocols
- Coordination requirements

## If a patient declines to assign:

- Privately bill and provide invoice for patient to claim from Services Australia

## Different practitioner on the day:

- Pre-assignment is void - new pre-service or post-service agreement required

# Aged Care & DVA: Special Considerations

## No enduring agreements until 2027:

Per-service AoB required for every bulk-billed visit until enduring agreements commence

## Identify assignors before 1 July 2026 (cannot be GP or practice staff):

Map each resident to a confirmed assignor (carer, PoA, family member) and record in admission/care plan

## Visiting practitioners (GPs, allied health):



Agree now on who captures AoB for each visiting provider and how (pre-service or post-service)

## Paper forms for residents with limited digital access:



Have new data set templates ready - DB4e DB020 not compliant from 1 July 2026

## DVA-funded residents:



AoB requirements do NOT apply to DVA-funded services - confirm funding status for each resident

# Authorised Representative Arrangements

May act on behalf of patient for Medicare purpose when individual

- 🟢 Unable to manage their own affairs
- 🟡 Make sound decisions
- 🟠 Give reasonable instructions

Authorised Representative must:

- 🟢 Be over 18 years of age
- 🟡 An individual who is a close friend or relation to the customer
- 🟠 **NOT** be a paid carer from an organisation, institution, or community health service, and
- 🟢 Have evidence the person requires assistance due to a medical condition

Ref: <https://operational.servicesaustralia.gov.au/public/Pages/your-health/011-40030000-01.html>

# Key Messages

- Transition - July 2026
- Two assignment options from 1 July 2026: pre-service and post-service (enduring commences 2027)
- Paper-based agreements still permitted but must use new required data set (DB4e DB020 not valid)
- Software upgrades critical
- Staff communication essential
- Patient communication important

Practitioners, practice staff & RACH staff cannot sign on behalf of patients/clients

DVA-funded services are excluded from AoB requirements

# HotDoc: What's changing?

- Updated the form to match the **new AoB data set requirements.**
- Provided the option to seek **pre-consent.**
- Pre-consent is optional and not required for compliance.
- HotDoc's existing **post-consent workflow** can be used independently.
- Post-consent triggers upon the generation of an invoice.
- It will now happen **if a patient hasn't already given pre-consent or they're billed for an item their pre-consent doesn't cover.**
- Continue to be **free** with your HotDoc subscription.


# What your patients will see


Delivered through HotDoc, the same place they book, check in and get reminders.



# Getting pre-consent from patients

- Send up to **7 days before**, up until their consultation starts.
- Patients receive a **push notification or email** based on the contact details on file.
- Email sees around **72%** response rates, push **67%**, and SMS **62%**.
- All patients will be sent consent requests, whether they made a booking through HotDoc or not.
- The record is saved and stored **instantly**.

 HotDoc



General Medical Clinic  
(03) 9999 9999

Your Doctor requests your consent to assign your Medicare Benefits to them for the Health service will receive

For security purposes, please confirm your details:

Last Name

Date of Birth

Unable to verify?  
This could mean your patient record at General Medical Clinic doesn't match what you have entered. Please ensure you are typing your last name and date of birth as supplied at the time of registration.

## Do you consent to this service being bulk billed?

Pre-assignment Consent

Name  
**Jane Smith**

Professional details  
**Dr. James Johnson [1234561A]**

Professional address  
**1234 Shell Street, Sydney, NSW 2000**

Date of assignment  
**Wed, 1 Oct 2025**

Date of service  
**Thu, 2 Oct 2025**

Description of service  
**GP-Standard - Level B items (6-20 or 25 minutes), attendance items up to 20 minutes**

Is the assignor the patient?  Yes  No

# Automatic post consent for peace of mind

HotDoc automatically sends post-consent when:

- A practice has opted to only use post-consent.
- A patient doesn't complete a request for pre-consent.
- The billed service differs from the original BSD category.
- Use pre-consent confidently knowing that there's a fallback.
- Compliance is maintained when circumstances change.

**Do you consent to these item(s) being bulk billed?**

Post Assignment Consent

Name  
Jane Withareallylonglastname

Professional details  
Dr. James Johnson [provider number]

Professional address  
1234 Shell Street, Sydney, NSW 2000

Date of service  
Thu, 2 Oct 2025


MBS Item/s  
10001 - Lorem ipsum dolor sit amet

Date of assignment  
Thu, 2 Oct 2025

If you (the patient) agree to the assignment of the Medicare benefit directly to the health professional (bulk bill), select "I agree" below.

[I agree to bulk bill these item\(s\)](#)

[Decline bulk billing for this appointment](#)

 HotDoc

**Thank you!**

Your consent to be bulk billed has been recorded.

[Download a copy of my consent](#)

**Are you sure you wish to decline being bulk billed?** ✕

By declining, you may be charged a private fee for this appointment. Please contact the clinic directly if you have further questions.

[Decline bulk billing](#)

[Go back](#)

# Your practice's workflow

What your team does, and what HotDoc does for you. Everything lives in one place: Medicare Hub > Bulk Billing Consent.



# Send pre-consent in two steps

## 1 Select patients

**Send pre-assignment before the appointment: Select Patients (Step 1 of 2)**

Pre-assignment lets bulk-billed patients give consent up to one week before their appointment. Search for an individual patient, or add multiple patients to send as a bulk message. Once you've selected the patients you want to send pre-consent to, select Next to select a Basic Service Description.

Find patient

Patient name	Appt Date/time	Appt type	Doctor	DOB (Age)	
Jason Jackson	12/07/2026 @ 9:30am	Telehealth	Dr. Jane Smith	14/03/1987 (39)	+ Add
Jason James	13/07/2026 @ 10:00am	Standard consult	Dr. Alice Green	22/11/1979 (46)	+ Add
Jason Jarvis	14/07/2026 @ 2:10pm	Standard consult	Dr. John White	08/07/1993 (32)	+ Add
Jason Jaeger	12/07/2026 @ 9:00am	Standard consult	Dr. Michael Lee	30/01/1968 (58)	+ Add
Jason Jardine	15/07/2026 @ 2:00pm	Telehealth	Dr. Jane Smith	17/09/2001 (24)	+ Add

**Selected patients (3)**

- Liam Wilson (10 July, 9:30am • Dr. Jane Smith)
- Thomas Harris (11 July, 11:30am • Dr. Jane Smith)
- Ella White (11 July, 2:00pm • Dr. Jane Smith)

3 patients will receive a pre-assignment

Search upcoming appointments and send in bulk. Medicare and DVA validity shown as you pick.

## 2 Pick the service description

**Send pre-assignment before the appointment: Select Service (Step 2 of 2)**

Select the provider type and Basic Service Description:

Basic Service Description:

Basic Service Description	Inclusion Criteria
Short	Level A items (up to 5 minutes), items described as 'straightforward' or 'brief'
Standard	Level B items (6-20 or 25 minutes), attendance items up to 20 minutes
Long	Level C, D and E items, attendances items over 20 minutes
Procedure	Category 3 therapeutic procedures items, general surgery items
Care Planning	Multidisciplinary case conferencing, care planning for chronic conditions, eating disorders and mental health, and health assessments
Other	Emergency attendance items and items to which other categories do not apply
Allied Health	All allied health services – excluding Nurse Practitioner's items

Learn more about DoH Basic Service Descriptions

Sending to 5 Patients

Choose the Basic Service Description matching the booked appointment, with guidance built in. Hit Send. Done.

# Improved consent Dashboard for full visibility

- View pre-consent and post-consent in one place.
- Identify patients requiring follow-up and resend.
- Completed forms saved to the PMS. Your two year evidence trail, handled.
- Post-consent sends automatically when a patient did not pre-consent, declined, or the billed item falls under a different service description

**HotDoc Dashboard** [View my Bookings page](#) admin@hotdoc.com.au General Family Practice Cer

## Bulk Billing Consent

[Send a Pre-assignment Consent](#)

Manage bulk billing consent

Track and manage bulk billing consent for your patients in one place. For each appointment, you can view the status of pre- and post-assignment forms, and manually send a pre-assignment form to a patient ahead of their visit.

**Pre-assignment** lets patients consent up to one week before their appointment - helping reduce follow-up after the consult. If the MBS items claimed don't match what was pre-assigned, a post-assignment form will be sent automatically. To send, select "Send a Pre-Assignment Consent" button above.

Filter by: Appt date | Practitioner name | Pre-consent status | Post-consent status |

Appt time	Patient name	Practitioner name	Pre-consent status	Post-consent status	Updated on	
1 Jul 2026 @ 10:15am Appt status: Seen	Jason James	Dr. Jane Smith	Completed - Invalid Type: GP-Standard Recorded in BP: Yes	Action required - No response Reason: New item codes Attempt 1: Sent email on 1 Jul 2026 Attempt 2: Sent email on 2 Jul 2026	3 Jul 2026 at 2:10pm	<a href="#">Resend</a>
1 Jul 2026 @ 10:15am	Emily Johnson	Dr. Jane Smith	Completed - Valid	-		
1 Jul 2026 @ 10:15am	Michael Brown	Dr. Alice Green	Completed - Valid	-		
2 Jul 2026 @ 10:15am	Sarah Davis	Dr. John White	-	Action required - No response		<a href="#">Resend</a>
2 Jul 2026 @ 10:15am	David Wilson	Dr. Emily Clark	Expired	Sent - Waiting for response		
2 Jul 2026 @ 10:15am	Olivia Martinez	Dr. Michael Lee	Completed - Valid	-		
2 Jul 2026 @ 10:15am	Justin Crane	Dr. Michael Lee	Completed - Valid	-		

# How post consent works

- It works the same as today.
- Can be used on its own or alongside pre-consent.
- **Post-consent sends automatically** upon the generation of an invoice.
- Your **existing post-consent workflow** and settings will continue to work as of July 1st.
- Simply check the boxes for telehealth and face-to-face.

## Post-assignment

- Sends automatically once an invoice is allocated to direct bill, with applicable Medicare items is stored.
- Delivery method depends on appointment type:
  - **Telehealth:** Push notification, email or SMS
  - **Face-to-face:** Push notification or Email

## Post-assignment

Automatically send a bulk billing consent form **after** an appointment

Telehealth appointments

Face-to-face appointments

# What's coming next

- **Patient education resources available.** We have a Broadcast via Email template, poster, waiting room TV screen template ready to go.
- **We're learning as we go.** Your feedback after we launch on July 1 will help shape future improvements.

SOON

## Resend button

Re-send a consent request to patients who have not responded.

SOON

## HotDoc sender ID

Consent requests will come from the HotDoc sender patients already recognise, for maximum trust in the link they are tapping. **You do not need to register your own sender ID.**

IN DEVELOPMENT

## Best Practice sync

See each patient's consent status in the BP appointment book, without leaving your PMS.

# Pre-submitted Questions



Q: A doctor has heard that we need to obtain consent to bulk bill the telehealth consult prior to the start of the appointment. Is this fact or fiction?



Q: If a AoB is obtained pre-consultation for an item 23 and ECG and the ECG is not performed, can the original AoB be used still and only process the 23, or do we need to get a new AOB consent completed?



Q: Currently for Telehealth we send an email using the format of Services Australia and the patient replies with the appropriate wording suggested by Services Australia. Is this considered a digital signature? Will we still be able to do this? Consent emails are then saved.



Q: Are ACCHO'S exempt from this?



Q: What if the patient does not have an email or a mobile to receive the form?



Q: Can I create my own AoB form and get patients to sign electronically after their consultation ?



Q: With regard to auditing, will the legislation protect professionals/practices with appropriate measures to obtain consent, but are still having to deal with non-compliant patients?



Q: the RACF setting is so very challenging for numerous reasons. Can we get an understanding on the timeline for long-range consent for BB services? Or the option to utilise MMC registration as a framework for consent?



Q: Do we hold batching, if all consents are not done? Or does the software automatically detects that?



Q: What do we know about Medicare's audit plans in respect of AOB, and penalties for non-compliance?



Q: From 1 July, if a patient declines to sign the Assignment of Benefit, can the practice privately bill them for that same consultation? And if a patient signs an AoB but then a Medicare item number needs to be changed after the consult, does a new AoB need to be obtained?



Q: Will the AoB apply to DVA - UP03?



Q: Regarding oncology specialist. We Bulk bill a 14221 for disconnect from certain chemotherapy - 2 days after chemotherapy administered - will an AoB be required?



Q: What is the "time lag" between the patient leaving the Practice after their consultation and them receiving the email/sms for bulk bill consent - my concern is the longer it takes the more likely they'll ignore the request.



# Medicare Assignment of Benefit Changes - Final Check In


HOSTED BY



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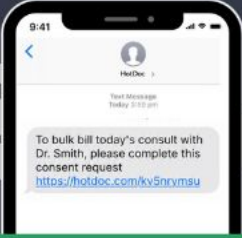


**Monday 29<sup>th</sup> June**  
**12:30pm AEST**  
**(30 min duration)**

# Assignment of Benefit Patient Education Resources - download via the link in the "related content" section


**We're making bulk billing clearer for you.**

**To bulk bill, we need your consent.**



This practice uses HotDoc to manage your Medicare consent.

You'll receive a short message asking to confirm your details before or after your appointment. To make bulk billing possible, please respond.




Printable A3 posters

**We're making bulk billing clearer for you.**

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**To bulk bill, we need your consent.**



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4K TV Screen Images

# Check out our Broadcast via email template to contact your patients about the changes - find it in your HotDoc dashboard...

## Broadcasts

Need Help?

### Keep patients engaged

HotDoc Broadcast makes it easy to send targeted SMS\* and Email messages to your patient base using demographic filters or uploading a.csv. Whether it's appointment updates, health alerts, or important announcements, Broadcast helps you keep your patients informed and engaged with your practice. Find out more about [How HotDoc Broadcasts work](#).

\*SMS Broadcasts billed separately at \$0.063 per message

To begin, select a template or create one from scratch

500 SMS credits + New Broadcast

Templates All SMS Email

Create new broadcast SMS Email

Assignment of Benefit Patient Education Email

Holiday Opening Hours SMS

MyMedicare Enrolment Invitation Email

Bulk Billing Now Available SMS

Skin Check Service SMS

Routine Requests: Set Patient Expectations Email

MyMedicare Registration SMS

## Email Message

### Header Image

Drag & drop an image or [Browse Files](#)  
Max file size: 6MB  
(png, jpeg, jpg, gif)

### Email Message

Hi {{patient-preferred-name}},

The Australian Government has updated the way patients provide consent for bulk billing. This helps make it clearer how your appointment is billed and ensures your Medicare benefit is only assigned with your permission.

As of **July 1st 2026**, you may receive an SMS, email, or push notification from HotDoc requesting your consent for Medicare bulk billing.

It allows your Medicare benefit to be processed as a bulk-billed service.

Please note:

- Consent requests are now mostly digital.
- Verbal consent is no longer accepted.
- You may now be sent a consent request **before** or **after** your appointment.
- You may receive a second request if billing details change or if you do not respond to our request.
- We are unable to bulk bill your consultation if consent is not provided.

If you're ever unsure whether a message is genuine, please contact our practice before clicking any links. Assignment of Benefit messages will be sent from HotDoc's registered number which is +61 4 0959 3783.

### Email Preview

Hi Jacob,

The Australian Government has updated the way patients provide consent for bulk billing. This helps make it clearer how your appointment is billed and ensures your Medicare benefit is only assigned with your permission.

As of **July 1st 2026**, you may receive an SMS, email, or push notification from HotDoc requesting your consent for Medicare bulk billing.

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Thank you,  
**Somerville Doctors**  
03 9376 9340

# Thank You!

