EFFECTIVE 1 JULY 2026

QUICK REFERENCE GUIDE

Assignment of Medicare Benefits (AoB) Reforms

Prepared by Larter Consulting

This guide helps general practice teams, GPs, nurses, billing staff, and ACCHOs navigate the updated Medicare bulk billing framework with confidence.

Why these changes matter

The Australian National Audit Office raised legal concerns about verbal consent pathways used during the COVID-19 telehealth period. These reforms modernise Medicare bulk billing, support digital health workflows, and strengthen legislative integrity. Previous versions of DB4e and DB020 will no longer be compliant from 1 July 2026. Updated forms will be available, but practices may use their own paper or digital agreement if it captures the required data set.

12-month transition period

- **Verbal extension:** A 12-month transition period is being introduced to enable verbal assignment for all bulk billed patients in all settings, while providers move to the new AoB processes.
- **Compliance focus:** The Department will prioritise prevention and education within a risk-based compliance approach.
- **Record keeping:** Providers must still maintain compliant documentation when using verbal consent pathways.

Consent and format flexibility

- **Timing:** Consent can occur before or after the service, provided it is finalised before the Medicare claim is lodged.
- **Custom forms:** No fixed template required. Digital or paper documents are valid if they capture the required data set.
- **Multiple services:** A single agreement can cover multiple services by the same practitioner on the same day.

The seven mandatory information fields

Seven points of information are required, but the exact seventh point varies depending on whether the agreement is pre- or post-service and the service type. Ensure your custom forms — whether digital or paper — are updated before 1 July 2026.

1. Patient name

Full legal name of the patient receiving the service

2. Assignment date

The date the assignment of benefit is made

3. Assignment type

Specify whether pre-service or post-service consent

4. Assignor status

Whether the assignor is the patient — yes/no. If not, the assignor may be an appropriate person acting on the patient's behalf (e.g. parent, partner, carer, relative, friend, or power of attorney).

5. Practitioner details

Details of the professional, where required.

6. Date of service

Date of service or specimen collection

7. MBS items

Pre-service: basic service description. Post-service: MBS item number/s.

Assignment types

Enduring Assignment of Benefit

- **Who qualifies:** MyMedicare registered patients, RACF residents, and patients at ACCHOs or Aboriginal Medical Services
- **Benefit:** One ongoing agreement — no signing required at every visit for ongoing GP bulk-billed services

Planned multiple-service pre-assignment

- **Applies to:** Planned, ongoing treatments where multiple services and details are known in advance (e.g. dialysis, chemotherapy)
- **Validity:** A single pre-service agreement may cover up to six months of planned services

Signature rules

- **Patient or assignor:** Must provide a physical signature or compliant electronic signature under the *Electronic Transactions Act 1999*
- **Electronic formats:** Valid methods include signing on a tablet, ticking an "I accept" box, typing a name, or using a secure digital platform
- **Practitioners:** Practitioner signatures are no longer required on the assignment
- **Retention:** Practices must securely retain completed AoB records for at least **two years**

Special operational cases

- **Declined consent:** Patients who refuse to assign benefits cannot be bulk billed; they must be privately billed and claim directly from Services Australia
- **Incapacity:** Parents, carers, partners, or powers of attorney may legally sign on behalf of the patient
- **Staff conflict:** Practice employees generally cannot act as assignors due to conflict-of-interest rules, unless they are the direct parent or carer
- **Pathology transition:** Request forms issued before 1 July 2026 remain valid for 12 months; new forms must include all seven mandatory fields
- **Pre-service assignment:** If the actual service changes or the practitioner changes, a new pre-service or post-service agreement is required.
- **Record access:** Completed AoB records must be provided to the patient on request.
- **Manual claims only:** Completed agreements generally do not need to be submitted to Services Australia, except for manual claims.
- **Out of scope:** DVA and Child Dental Benefits Scheme are outside the scope of these AoB requirements.