



## Health Care Home patient referral form for individual Allied Health Services under Medicare

**Note: GPs can use this form OR one that contains all of its components.**

This referral form is for a patient participating in the [Health Care Homes](#) program. Health Care Home-enrolled patients will have complex chronic conditions and are eligible to access Medicare Benefits Schedule (MBS)-funded allied health services that are normally triggered by a GP Management Plan and Team Care Arrangement. Where clinically appropriate, they may also have to access MBS-funded allied health services that are normally triggered by a Health Assessment for Aboriginal and Torres Strait Islander People or a GP Mental Health Treatment Plan. Patients may also be eligible to participate in the Community Pharmacy in Health Care Homes trial if they are referred to a participating pharmacy as part of their shared care plan. More information is available from the [Pharmacy Guild](#).

Eligibility to access MBS-funded allied health services previously triggered by the completion of these MBS items will now be triggered by the patient's enrolment with the Health Care Home and preparation of a shared care plan. Claiming processes for allied health professionals (AHP) participating in the Health Care Home program are identical to those used to claim under GPMP/TCAs. In addition to this form, pharmacists and allied health providers should receive a copy of a patient's electronic shared care plan. Details of how to access the plan should be provided in the invitation email. If you do not receive a copy of the shared care plan, please contact the referring GP or practice.

**GP details**

Provider Number

Name

Address  Postcode

**Patient details**

Medicare Number           Patient's ref no.  Health Care Home Tier no.

First Name  Surname

Address  Postcode

**Allied Health Provider patient referred to:** (Please specify name or type of AHP)

Name

Address  Postcode

**Referral details – Please use a separate copy of the referral form for each type of service**

Eligible patients may access Medicare rebates for a maximum of 5 allied health services (total) in a calendar year. Please indicate the number of services required by writing the number in the 'No. of services' column next to the relevant AHP. Services delivered through the Community Pharmacy in Health Care Homes program do not count towards a patient's five allied health services.

No of services	AHP Type	Item Number	No of services	AHP Type	Item Number	No of services	AHP Type	Item Number
	Aboriginal Health Worker/Aboriginal and Torres Strait Islander Health Practitioner	10950		Exercise Physiologist	10953		Podiatrist	10962
	Audiologist	10952		Mental Health Worker	10956		Psychologist	10968
	Chiropractor	10964		Occupational Therapist	10958		Speech Pathologist	10970
	Diabetes Educator	10951		Osteopath	10966			
	Dietitian	10954		Physiotherapist	10960		Community Pharmacy in Health Care Homes Program	N/A

Referring General Practitioner's signature

Date signed

The AHP must contribute to a patient's shared care plan as part of the requirements to access Medicare benefits. Any additional communication requirements should be discussed with the Health Care Home that initiated the shared care plan. Allied health providers should retain this referral form for record keeping and Department of Human Services (Medicare) audit purposes. Additional copies can be downloaded from [resources for practices and ACCHS](#). **THE FORM DOES NOT HAVE TO ACCOMPANY MEDICARE CLAIMS.**