Assignment of Benefit

What GPs and Practices need to know

JULY 2026 CHANGES

What's changed?

From 1 July 2026, changes have been made to **Assignment of Benefit** requirements for bulk billed services.

Patient agreement

Patient consent is required.

Timing

AoB can be completed before or after the service.

Agreement types

✓ Pre-assignment
✓ Post-assignment ✓ Enduring

How it can be done

Electronic or paper-based

Providing a copy

A copy must be provided when requested by a patient or when verbal consent is obtained.

Record keeping

Keep AoB records for 2 years after claim submission.

A valid Assignment of Benefit agreement is required before bulk billing

Patients must understand and agree to the arrangement before assigning their benefit.

12-month transitional arrangements

Enduring assignment agreements

Available for:

- → MyMedicare patients
- → Residential aged care residents
- → ACCHO and AMS patients

Patients can have multiple enduring assignment agreements with different practitioners at their MyMedicare practice, RACH, ACCHO or AMS services.

MyMedicare only: A post-service notification of claim must be sent to the assignor after each service.

Verbal consent

Can be used where patient agreement cannot be obtained in person or electronically. **When using verbal consent:**

- → Explain the AoB agreement
- → Confirm patient agreement
- → Record "Assignor verbally agreed"
- → Provide the patient with a copy
- → Retain records for 2 years

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