A comprehensive **internal staff policy document** and **automated notification templates** are provided below to ensure full compliance with the updated Services Australia regulations.

INTERNAL POLICY: Enduring Assignment of Benefit (AoB)

Document Reference:
Effective Date: 1 July 2026
Applies To: All Administrative, Reception, and Medical Staff

1. Objective
To outline the strict legal and administrative procedures for capturing, tracking, and auditing **Enduring Assignment of Benefit (AoB)** agreements for bulk-billed Medicare services.

2. Patient Eligibility Requirements
Staff must only offer an Enduring AoB agreement to patients who meet at least **one** of the following legislative criteria:

- Registered with this practice via **MyMedicare**.
- Residents of a **Residential Aged Care Facility (RACF)**.
- Patients attending an **Aboriginal Community Controlled Health Organisation (ACCHO)** or **Aboriginal Medical Service (AMS)**.

Note: For all other patients, a standard "per-service" (single appointment) assignment must be completed either via pre-consent or post-consent workflows.

3. Staff Workflows & Responsibilities

Front Desk & Reception Team
1. **Identify Eligible Patients:** Review the patient profile upon arrival or during check-in to confirm eligibility (e.g., MyMedicare indicator ticked).
2. **Offer the Agreement:** If no active Enduring AoB is on file, present the patient with the paper agreement or trigger the electronic form link through the Practice Management Software (PMS).
3. **Verify Signatures:** Ensure the agreement is signed by the patient or their legal guardian/representative. Practitioners are **not** required to sign.
4. **Data Entry:** Check the **"Enduring AoB Approved"** box (or equivalent setting) within the patient profile in Best Practice / HotDoc / Tyro Health to clear the automated billing blocks.
5. **Filing:** Upload paper-signed forms directly to the patient's digital file under the category "Correspondence - In".

Nursing & Medical Staff
1. **Clinical Coding:** Doctors remain solely responsible for selecting the correct MBS item numbers for services rendered.

2. **Claim Rejections:** If Medicare rejects a bulk-billed claim and a clinical item number needs modification, **a new verbal, text, or paper agreement must be re-confirmed** with the patient if the new item falls outside the scope of the original agreement.

4. Mandatory Record Retention

- All signed physical forms and recorded electronic tokens must be retained securely for **two (2) years**.
- A copy of the completed agreement must be provided to the patient at the time of signing (printed or via digital copy).
