

Medicare number

Patient reference number (Number next to patient name on card) Expiry date checked

Surname Date of birth

First name Initial

I assign my right to benefit to the Dental Practitioner who has rendered the service(s).

Signature: Date

Privacy note: The information provided will be used to access any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing or to a person in the dental practice associated with this claim, or as authorised or required by law.

Referral date

Name and address of referring practitioner

Postcode

Item number	Benefit assigned	Item number	Benefit assigned

TOTAL

Date of service

Name and provider number of dental practitioner who rendered the above services

Medicare number

Patient reference number (Number next to patient name on card) Expiry date checked

Surname Date of birth

First name Initial

PATIENT HAS SIGNED MEDICARE COPY

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