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Medicare

ASSIGNMENT FORM No.

(This form is the approved form as prescribed under section 20A of the *Health Insurance Act 1973*)

ASSIGNMENT CONTINUATION FORM FOR PATHOLOGY SERVICES ONLY

NUMBER OF THE ASSIGNMENT FORM ATTACHED ON WHICH BENEFITS FOR THE SERVICES DETAILED BELOW HAVE BEEN ASSIGNED

PATIENT DETAILS

MEDICARE NUMBER	REF. No.	FIRST NAME	INITIAL	SURNAME	DATE OF BIRTH
					dd/mm/yy

RESIDENTIAL ADDRESS

SERVICE DETAILS

DESCRIPTION CODE	Date of Service			SD	ITEM No.	BENEFIT ASSIGNED
	DAY	MTH	YEAR			

REQUESTING PRACTITIONER DETAILS

NAME .....

PROVIDER No. .....

DATE OF REQUEST .....

DAY	MTH	YEAR

NAME OF APPROVED PATHOLOGY PRACTITIONER RESPONSIBLE FOR THE TESTS

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PROVIDER No. OR ADDRESS

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PRACTITIONER USE

Reset form

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PROVIDER No. OR ADDRESS

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PRACTITIONER USE