

AoB post-assignment requests

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Send an electronic Assignment of Benefits (AoB) post-assignment request to a patient for Medicare or DVA. This feature uses SMS and saves the approval in the patient's Account Enquiry.

This feature requires **Zedmed v39.5** or later.

Important update

The Department of Health, Disability and Ageing has amended the Medicare Assignment of Benefits legislative requirements to support a 12-month transition period for bulk billing Medicare and DVA. This includes enabling verbal assignment of benefit for all bulk-billed patients, in all settings. <https://www.health.gov.au/our-work/improving-the-assignment-of-benefit-process>

Workflow summary

The process starts in billing, where an AoB request is sent to the patient via SMS. The patient accepts it on their phone and the status is shown on the Invoice screen and Account Enquiry. Once accepted, the claim can be sent, or the invoice can be suppressed while waiting for the patient response. Suppressed claims with accepted AoBs can be transmitted collectively.

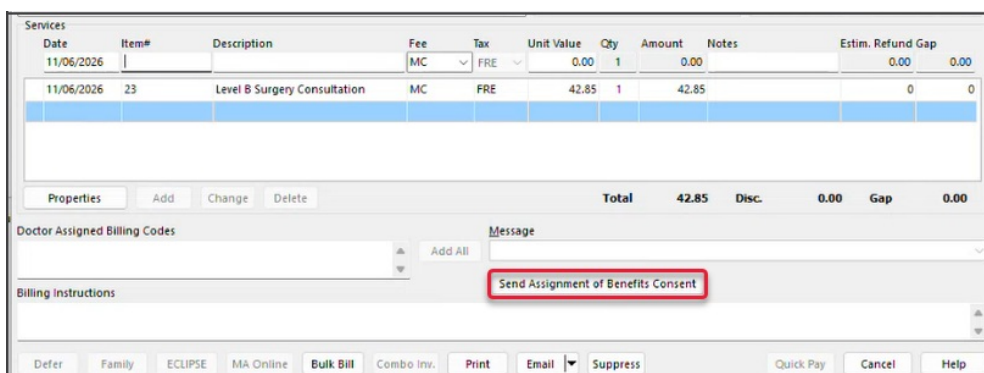
Step 1 - Send AoB request to patient

This step can be performed by:

- **Reception** when billing from the Invoice screen.
- **Practitioners** from the Billing Wizard.

To send the AoB request:

1. Create the invoice.
2. Check that the **Payer** is either **Medicare or DVA**.
3. Add the service items.
4. Select the **Send Assignment of Benefits Consent** button.



The screenshot shows the 'Services' section of the Billing Wizard. It contains a table with columns: Date, Item#, Description, Fee, Tax, Unit Value, Qty, Amount, Notes, Estim. Refund, and Gap. The table has one row with the following data: Date: 11/06/2026, Item#: 23, Description: Level B Surgery Consultation, Fee: MC, Tax: FRE, Unit Value: 42.85, Qty: 1, Amount: 42.85, Notes: (empty), Estim. Refund: 0, Gap: 0. Below the table are buttons for Properties, Add, Change, and Delete. To the right of these buttons are fields for Total (42.85), Disc. (0.00), and Gap (0.00). Below the table is a 'Doctor Assigned Billing Codes' section with an 'Add All' button and a 'Message' dropdown menu. Below that is a 'Billing Instructions' section with a red box around the 'Send Assignment of Benefits Consent' button. At the bottom of the form are buttons for Defer, Family, ECLIPSE, MA Online, Bulk Bill, Combo Inv., Print, Email, Suppress, Quick Pay, Cancel, and Help.

Or, if the practitioner can send the AoB request using the Billing Wizard:

- a) Select **Medicare** or **DVA** as the payer.
- b) Select **Send Assignment of Benefits Consent**.

The screenshot shows the 'Billing Details' section of a software interface. It includes fields for Patient Name (Holloway, Mr Knut), DOB (19/05/1952), Payer (Medicare), and Medicare Number (59502861421). A red box highlights the 'Send Assignment of Benefits Consent' button.

5. Reception or the practitioner reviews the **Assignment of Benefits Request** dialog.

If required, you can change the mobile number to the person acting **on the patient's behalf**.

The screenshot shows a dialog box titled 'Assignment of Benefits Request' overlaid on a billing interface. The dialog contains fields for Patient Name (Mr Happy Jones), Mobile Number (with a cursor), and Date of Birth (04/12/1964). A message states: 'An Assignment of Benefits Request will be sent to the patient using the mobile phone number and date of birth displayed below. Data can be changed here without affecting the patient record.' Buttons for 'Send' and 'Cancel' are at the bottom of the dialog.

6. Select **Send**.
7. Advise the patient to action the AoB request.
8. Proceed to step 2 and 3, where the patient accepts the AoB and you select **Bulk Bill** to send the claim, or **Suppress**.

Step 2 - Patient accepts the AoB

When the patient is sent an AoB request, they:

1. Open the SMS.
2. Tap the URL:
 - a. Enter the patient's date of birth.
 - b. Select **Verify**.
 - c. Select **I am the Patient** or **I am assisting the Patient**.
 - d. Select **Accept**.
3. **Optional**: select **Download copy of consent** to save a record.

Post Assignment of Benefits
We require your consent to assign your Medicare benefits

For privacy and security, please confirm the identity of the patient to continue.

Date of Birth: DD MM YYYY

Verify

Privacy statement: Your personal information is protected by law, including the Privacy Act 1988, and is collected by Services Australia for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the agency, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations). You can get more information about the way in which the agency will manage your personal information, including our privacy policy.
Powered by Zedmed

Post Assignment of Benefits
We require your consent to assign your Medicare benefits to Branch 1

Are you the patient, or are you assisting the patient in assigning their benefits?

Privacy statement: Your personal information is protected by law, including the Privacy Act 1988, and is collected by Services Australia for the assessment and administration of payments and services. This information is required to process your application or claim. Your information may be used by the agency, or given to other parties where you have agreed to that, or where it is required or authorised by law (including for the purpose of research or conducting investigations). You can get more information about the way in which the agency will manage your personal information, including our privacy policy.
Powered by Zedmed

Request Approved

You approved this request by the healthcare provider listed above to bulk bill your appointment. You submitted this form 11/06/2026, 3:15:55 pm UTC+10:00

2026-06-11 - 23 - Level B Surgery Consultation

Please contact your healthcare provider if you require any additional information.

Thank you for your patronage.

[Download copy of consent](#)

Post Assignment of Benefits
We require your consent to assign your Medicare benefits to Branch 1

Patient Details

Medicare Card No:
Patient name: JODIE, LISA
Date of Birth: 15/09/1952
Address: 35 DEANNE DR MCBEATH 6770
Is the assignor the patient: Yes

Provider Details

Servicing Provider Name: Dr Igor Fuller
Servicing Provider No: 2433421X
Appointment attended: 18/06/2026 06:00

Hi JODIE, LISA,
Please review the items listed below and select **Accept** to proceed with assigning the Medicare benefit to the healthcare provider listed above. **You will not be charged for these services if you agree to be bulk billed.**
If the recorded information does not seem accurate, please contact your healthcare provider for clarification prior to making your selection.
Should you choose to decline assigning your benefits, you will be responsible for the full cost of these items.

17/06/2026 - 23 - Level B Surgery Consultation

If you (the patient) agree to the assignment of the Medicare benefit directly to the health professional (bulk bill), please click "Accept" below.

Step 3: Workflow option 1 - Submit claim (approval received)

Proceed with billing:

1. If present, wait for the patient to accept the AoB request.
2. On the invoice, check the request status - it must show **Medicare consent received**.

Properties Add Change Delete Total 0.00 Disc. 0.00 Gap 0.00

Doctor Assigned Billing Codes 23 Add All Message

Billing Instructions Send Medicare Bulk Billing Consent Medicare consent received 10/05/2024 01:43 pm

- o If it shows **Medicare Consent Pending**, the patient has not yet actioned the request.
 - o If it shows **Medicare Consent Declined**, DO NOT use Medicare or DVA as the Payer.
3. Select **DVA** or **Bulk Bill** to submit the claim.
 4. A patient's consent is also shown in **Account Enquiry** under the **Bulk Billing Consent** column.

Account Enquiry

Patient Jones, Happy

Payer Medicare Recalculate

Curr 205.50 30+ 0.00 60+ 0.00 90+ 0.00

Transaction	Invoice#	Date	Patient	HIC	CLM#	Br	Dr	Value	Outstanding	Bulk Billing Consent
> -- I	9	10/05/2024	JONES, HAPPY			MED	WH	41.40	41.40	ACCEPTED
> -- I	6	06/05/2024	JONES, HAPPY			MED	PD	81.30	81.30	
> -- I	4	06/05/2024	JONES, HAPPY			MED	PD	41.40	41.40	
> -- I	1	03/05/2024	JONES, HAPPY			MED	PD	41.40	41.40	ACCEPTED

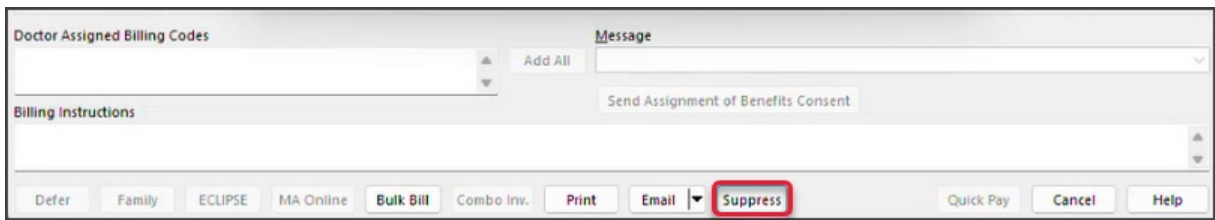
You can also view the AoB request in the **Patient record** > Messages and **Message Manager**

Step 3: Workflow option 2 - Suppress invoice and transmit later

For this workflow, the AoB acceptance is delayed.

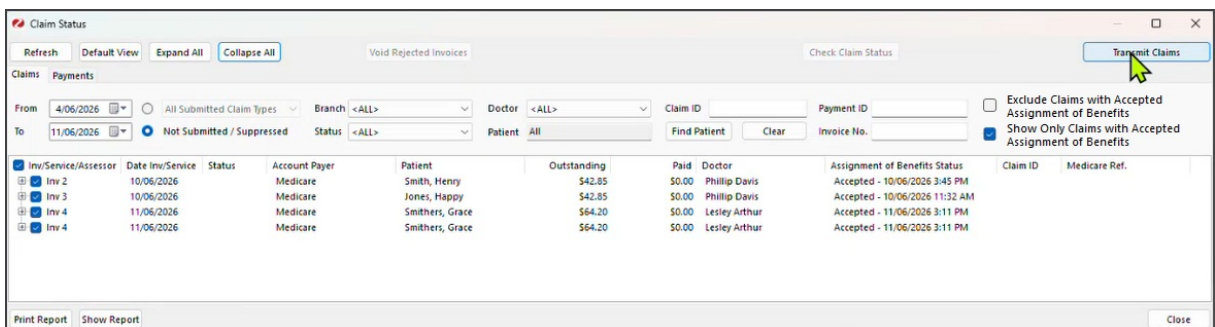
To suppress invoices and transmit accepted AoB claims later:

1. Select **Suppress** on the **New Invoice** screen.



When you are ready to transmit suppressed claims:

2. Open **Claims > Claims** tab.
3. Select the **Not Submitted / Suppressed** radio button.
4. Filter by **Accepted Assignment of Benefits**.
5. Select the **Invoice** check boxes followed by **Transmit Claims**.



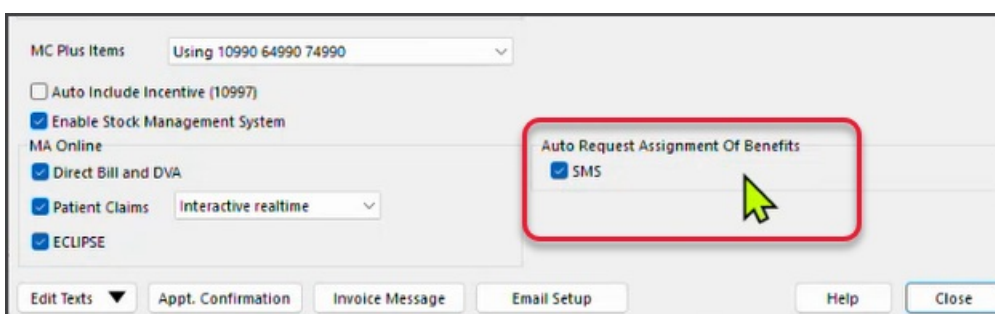
To learn more, see our [Suppress Invoices and Manually Transmit Claims](#) guide.

Using automatic AoB requests

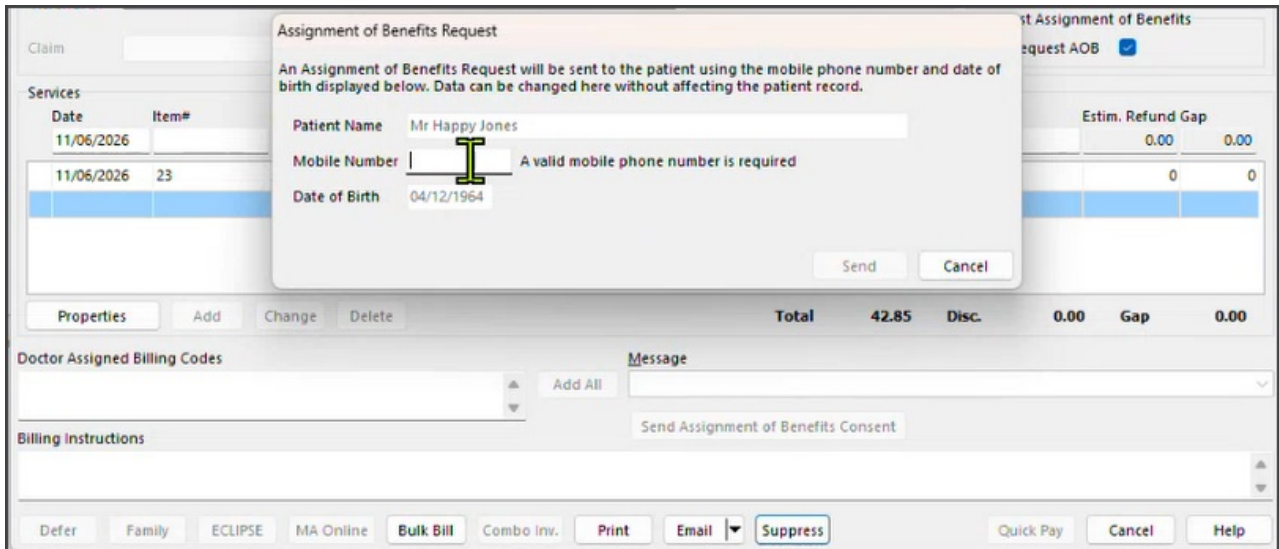
To avoid forgetting to send an AoB request, you can set the Assignment of Benefit to automatically open when billing.

To enable:

1. Go to **Branches**.
2. Select **Branch Options**.
3. Select **Auto Request Assignment of Benefits**.
4. Repeat for each Branch.



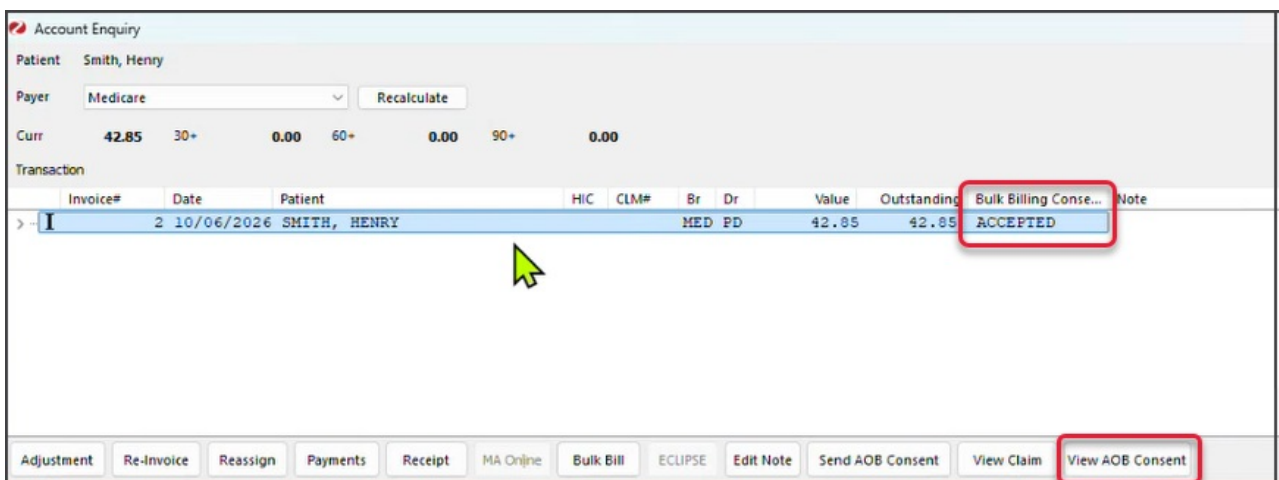
When auto AoB requests are enabled, the request dialogue will open when you select **Bulk Bill**, **DVA** or **Suppress**.



Providing an AoB consents for an audit

If a practice is asked to prove that AoB consent was received:

1. Select the invoice in **Account Enquiry**.
2. Select **View AOB Consent**.



The patient's post-assignment approval will open and can be downloaded.

Post Assignment of Benefits

We require your consent to assign your Medicare benefits to Branch 1

Patient Details

Medicare Card No:	29513860241
IRN:	1
Patient name:	Henry, Smith
Date of Birth:	17/06/1940
Address:	12 Wattle St DUBBO 2830
Is the assignor the patient:	Yes

Provider Details

Servicing Provider Name:	Dr Phillip Davis
Servicing Provider No:	2121331W
Appointment attended:	2026-06-10 10:32

 Request Approved

You approved this request by the healthcare provider listed above to bulk bill your appointment. You submitted this form 10/06/2026, 3:45:57 pm
TC+10:00

26-06-10 - 23 - Level B Surgery Consultation

Please contact your healthcare provider if you require any additional information.

Thank you for your patronage.

[Download copy of consent](#)