

AoB post-assignment requests

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Important update

<https://www.racgp.org.au/advocacy/advocacy-resources/assignment-of-benefit-and-signature-requirements>

Following strong RACGP advocacy, the Federal Government has announced significant modifications to the new assignment of benefit process scheduled to begin on 1 July 2026.

- From July 1, verbal consent will be available in all settings for 12 months.
- Enduring assignment of benefit will be an option for all MyMedicare registered patients, residents of aged care facilities and patients attending Aboriginal Community Controlled Health Organisations (ACCHOs) from 1 July 2026 – brought forward from April 2027.
- Patients attending ACCHOs will be able to have enduring assignment at multiple sites.
- Providers and software vendors that have already prepared or are preparing for the new arrangements, including through digital solutions, should continue that work.
- Compliance will not commence until regulatory changes are complete and will begin with prevention and education.
- There will be a 12-month transition period, during which there is a commitment to work with the profession on the changed approach and explore other options to further reduce the administrative burden on both GP practices and patients while ensuring the integrity of Medicare is maintained.

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From 1 July 2026, an Assignment of Benefit (AoB) requests must be provided by the patient **before** or **after** an appointment using paper or digital forms. This guide is for Zedmed's AoB post-assignment request process.

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

Additional resources:

- Zedmed [AoB Frequently Asked Questions](#)
- Zedmed [AoB guidance and changes](#) article.

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.

Date	Item#	Description	Fee	Tax	Unit Value	Qty	Amount	Notes	Estim. Refund	Gap	
11/06/2026	23	Level B Surgery Consultation	42.85	FRE	42.85	1	42.85		0	0	
Total							42.85	Disc.	0.00	Gap	0.00

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**.

Billing Details

Patient Name Holloway, Mr Knut
 DOB 19/05/1952

DVA HCC
 Medicare Number 59502861421
 Pension Status Full DVA

Payer: Medicare P4 \$0.00

Send Assignment of Benefits Consent

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**.

Assignment of Benefits Request

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.

Patient Name: Mr Happy Jones
 Mobile Number: [Empty] A valid mobile phone number is required
 Date of Birth: 04/12/1964

Buttons: Send, Cancel

6. Select **Send**.
7. Advise the patient to action the AoB request.

- 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:

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

The image displays three sequential screenshots of the Medicare consent process. The first screenshot shows the 'Post Assignment of Benefits' form with a date of birth field and a 'Verify' button. The second screenshot shows the 'I am the Patient' and 'I am assisting the patient' options. The third screenshot shows the 'Request Approved' screen with a 'Download copy of consent' button and an 'Accept' button.

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

Proceed with billing:

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

The screenshot shows a billing system interface with a 'Message' field containing the text 'Medicare consent received 10/05/2024 01:43 pm'. The interface also shows 'Doctor Assigned Billing Codes' and 'Billing Instructions'.

- If it shows **Medicare Consent Pending**, the patient has not yet actioned the request.
- If it shows **Medicare Consent Declined**, DO NOT use Medicare or DVA as the Payer.
- Select **DVA** or **Bulk Bill** to submit the claim.
- 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.

Doctor Assigned Billing Codes Message

Add All

Billing Instructions Send Assignment of Benefits Consent

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**.

Claim Status

Refresh Default View Expand All Collapse All Void Rejected Invoices Check Claim Status Transmit Claims

From: 4/06/2026 To: 11/06/2026 All Submitted Claim Types Not Submitted / Suppressed

Branch: <ALL> Doctor: <ALL> Claim ID: Payment ID: Invoice No. Exclude Claims with Accepted Assignment of Benefits Show Only Claims with Accepted Assignment of Benefits

Inv/Service/Assessor	Date Inv/Service	Status	Account Payer	Patient	Outstanding	Paid	Doctor	Assignment of Benefits Status	Claim ID	Medicare Ref.
<input checked="" type="checkbox"/> Inv 2	10/06/2026		Medicare	Smith, Henry	\$42.85	\$0.00	Phillip Davis	Accepted - 10/06/2026 3:45 PM		
<input checked="" type="checkbox"/> Inv 3	10/06/2026		Medicare	Jones, Happy	\$42.85	\$0.00	Phillip Davis	Accepted - 10/06/2026 11:32 AM		
<input checked="" type="checkbox"/> Inv 4	11/06/2026		Medicare	Smithers, Grace	\$64.20	\$0.00	Lesley Arthur	Accepted - 11/06/2026 3:11 PM		
<input checked="" type="checkbox"/> Inv 4	11/06/2026		Medicare	Smithers, Grace	\$64.20	\$0.00	Lesley Arthur	Accepted - 11/06/2026 3:11 PM		

Print Report Show Report Close

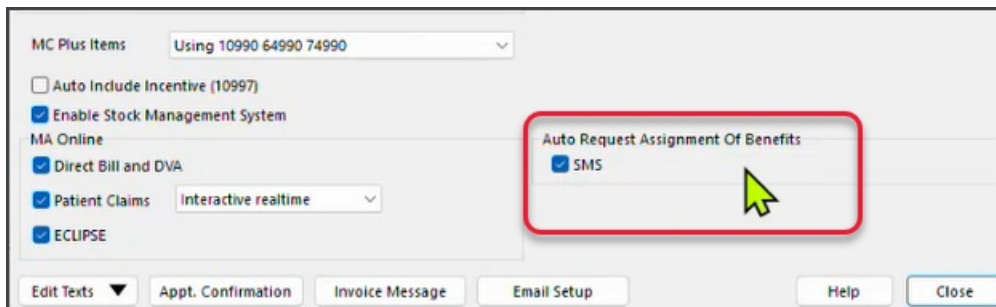
To learn more, see our **Suppress Invoices and Manually Transmit Claims** guide.

Using automatic AoB requests

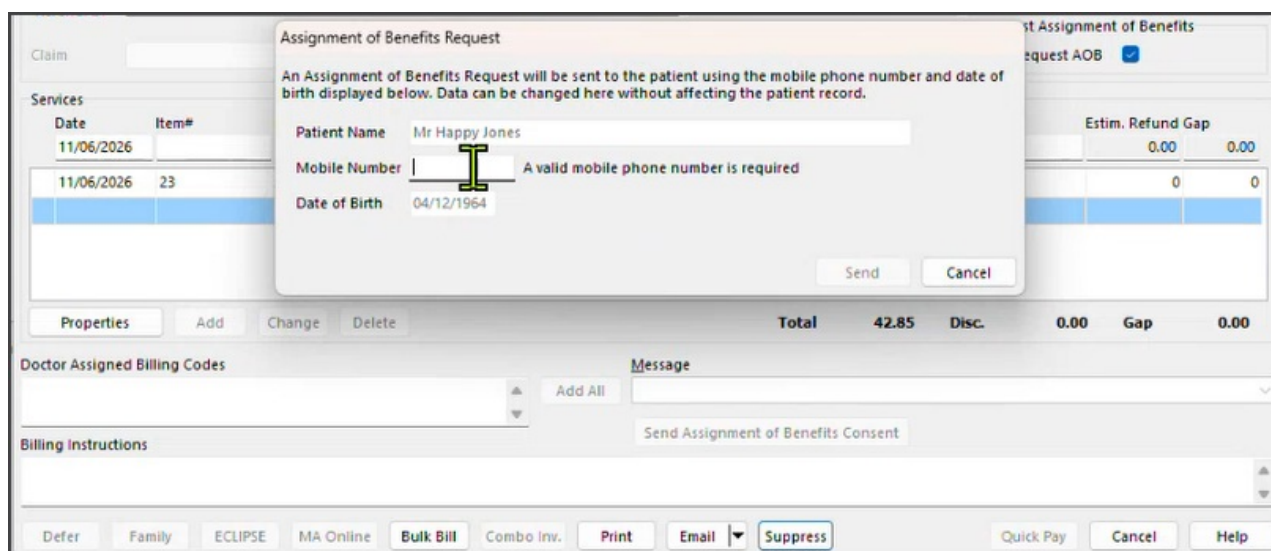
To avoid forgetting to send an AoB request, you can set the Assignment of Benefit to automatically open when billing.

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**.

Account Enquiry

Patient: Smith, Henry

Payer: Medicare Recalculate

Curr: 42.85 30+ 0.00 60+ 0.00 90+ 0.00

Invoice#	Date	Patient	HIC	CLM#	Br	Dr	Value	Outstanding	Bulk Billing Conse...	Note
2	10/06/2026	SMITH, HENRY			MED	PD	42.85	42.85	ACCEPTED	

Adjustment Re-Invoice Reassign Payments Receipt MA Online Bulk Bill ECLIPSE Edit Note Send AOB Consent View Claim **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 AEST+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](#)