

Email template MBS- Pain Specialist Initial Assessment

Dear (patient)

Details of telehealth consultation to be claimed with Medicare

Item number: 2801 Benefit amount: \$128.30

Item number: 2820 Benefit amount: \$64.15

Date and time of consultation: XX/XX/XXXX XX:XXam

Patient name:

Provider name:

Agreement

If you (the patient) agree to the assignment of the Medicare benefit directly to the specialist (bulk bill), reply to this email including:

- the word 'YES' in the body of the reply email
- your (the patient's) name.

Regards

Dr

Privacy note: Your personal information is protected by law, including the Privacy Act 1988, and is collected for a Social Security, Family Assistance, Medicare and Child Support purpose, depending on the service or payment concerned. This information may be required by law or collected voluntarily when you apply for services or payments. Your information is used for the assessment and administration of payments and services and may also be used within Human Services; or disclosed to other parties or agencies, where you have provided consent or it is required or authorised by law