

Assignment of Benefit consent

Information for practice managers

Bulk billing is not ending. From 1 July 2026, the main change is how patient consent for Assignment of Benefit (AoB) can be captured and recorded.

What's changing

- Consent can be captured **before or after** the service.
- **No provider signature** is required.
- A patient copy is only needed **if requested**.
- Practices must keep records for **two years**.
- Pre-service consent can use a **basic service description**.

Examples

Short consult, Long consult, Care planning,
Standard consult, Procedure, Allied health.

Watch points

- Patients may think **bulk billing is ending**.
- Reception workflows may slow down if not streamlined.
- Inconsistent consent capture creates **compliance risk**.
- Software vendor readiness may vary.
- Residential aged care, outreach, and substitute decision-maker situations need extra planning.

Timeline

1 July 2026: Pre-service episodic assignment begins.

2027 (subject to regulations): Enduring assignment may begin for future services with the same provider.

Transitioned approach

A 12-month transition approach commenced **1 July 2026**. During this period, **verbal consent remains available** in all settings, enduring assignment is available earlier for eligible groups, and compliance will begin only after regulatory changes are complete, starting with prevention and education.

Practices and software vendors should continue preparing for long-term workflow and digital changes.

Practice manager priorities

- Decide **when** consent will happen.
- Choose **how** patient consent will be captured: paper, tablet, SMS, email, or mixed model.
- Make sure the process **identifies the patient** and shows consent was given.
- Set up a process to store and retrieve records for **two years**.
- Update staff scripts, workflows, and procedures.

Special settings

- **Pathology and imaging:** extra required data fields apply.
- **If the service changes:** a new agreement may be needed.
- **If someone else consents:** confirm and record their authority.

This is a workflow change, not just a form change. Your process should show who consented, what they consented to, when consent was given, and where the record is stored.

Keep it simple: Use a clear service description, confirm identity, capture consent, store the record, and make sure staff can explain the change confidently.

This infographic was created using material provided by Northern Queensland PHN.