Please use this form to claim payments for medical services you provide.

**Regional LHN site:**

**Medical Officer:**       **Service date:**

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| * I hereby claim payment of the medical services specified below provided in respect of hospital public inpatients. * This claim is consistent with clinical notes I documented in each patients' medical record. * I understand my claim may be audited and the payment may be recovered if the minimum standards required for payment are not met.   **Signature:** **Date:**       . | | | | | | | | | | | **Office Use Only** | | |
| Date processed | |  |
| Finance Officer | |  |
| **MRN / DOB** | **Patient Name**  **(Please insert label if available)** | | **Public / DVA / ED** | **NNAC** | **Return to Hospital** | **Time in** | | **Time out** | **Item number / CMBS Code** | **Description of services** | **No. patients seen** | | **Amount claimed** |
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| *This form is a regional LHN approved form and should not be altered from its current format.* | | | | | | | | | | **Total**: |  | |  |
| **General Practitioner – Consult Item Numbers**  **Level A Hospital Consult – Item 4**  Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies) that requires a short patient history and, if necessary, limited examination and management.  **Level B Hospital Consult – Item 24**  Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies), lasting at least 6 minutes and less than 20 minutes and including any of the following that are clinically relevant:   1. taking a patient history 2. performing a clinical examination 3. arranging any necessary investigation 4. implementing a management plan 5. providing appropriate preventive health care   for one or more health-related issues, with appropriate documentation.  **Level C Hospital Consult – Item 37**  Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies), lasting at least 20 minutes and including any of the following that are clinically relevant:   1. taking a detailed patient history 2. performing a clinical examination 3. arranging any necessary investigation 4. implementing a management plan 5. providing appropriate preventive health care   for one or more health-related issues, with appropriate documentation.  **Level D Hospital Consult – Item 47**  Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies), lasting at least 40 minutes and including any of the following that are clinically relevant:   1. taking an extensive patient history 2. performing a clinical examination 3. arranging any necessary investigation 4. implementing a management plan 5. providing appropriate preventive health care   for one or more health-related issues, with appropriate documentation.  **Level E Hospital Consult – Item 124**  Professional attendance by a general practitioner (other than attendance at consulting rooms or a residential aged care facility or a service to which another item in the table applies), lasting at least 60 minutes and including any of the following that are clinically relevant:   1. taking an extensive patient history 2. performing a clinical examination 3. arranging any necessary investigation 4. implementing a management plan 5. providing appropriate preventive health care   for one or more health-related issues, with appropriate documentation. | | | | | | | **Specialist – Item numbers as described in the Medicare Benefits Schedule**  Initial Attendances:  **Item 104**  Professional attendance at consulting rooms or hospital by a specialist in the practice of the specialist's specialty after referral of the patient to the specialist-each attendance, other than a second or subsequent attendance, in a single course of treatment.  **Item 110**  Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-initial attendance in a single course of treatment.  Subsequent Attendances:  *Note: Subsequent Attendances are not claimable in association with a T8 procedure when the fee for the procedure exceeds the schedule fee listed under note AN.0.70 of the Medicare Benefits Schedule.*  *This restriction applies when the procedure is performed by the same practitioner, on the same patient, on the same day.*  **Item 105**  Professional attendance by a specialist in the practice of the specialist's specialty following referral of the patient to the specialist-an attendance after the first in a single course of treatment.  **Item 116**  Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-each attendance (other than a service to which item 119 applies) after the first in a single course of treatment.  **Item 119**  Professional attendance at consulting rooms or hospital, by a consultant physician in the practice of the consultant physician's specialty (other than psychiatry) following referral of the patient to the consultant physician by a referring practitioner-each minor attendance after the first in a single course of treatment. | | | | |
| **Professional attendance on a patient in imminent danger of death** – where the patient required the medical practitioners’ undivided attention for continuous lifesaving treatment. | | | | | | | **Other common item numbers**  **Item SA1** - Intravenous Therapy, only claimable where the IV insertion is performed by the Medical Practitioner.  **Item 36800** - Bladder catheterisation, where no other procedure is performed.  **Item 13706** - Blood transfusion, claimable per transfusion, not per pack of blood. | | | | |
| Item SA50 < 1 hour  Item 160 1 hour < 2 hours  Item 161 2 hours < 3 hours | | Item 162 3 hours < 4 hours  Item 163 4 hours < 5 hours  Item 164 5 hours or more | | | | |
| Item SA60 Critical Care - Patient requiring continual monitoring and treatment prior to transfer or Specialist intervention, medical practitioner may deliver care to another patient whilst awaiting retrieval assistance to patient. | | | | | | |