

AoB webinar & FAQ

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Thank you for joining our Assignment of Benefit webinar on 24 June. We hope we answered most of your questions. Below are some common questions, along with others we did not get to. If you still have any outstanding questions, please use our [Webinar feedback form](#).

Additional resources:

- Zedmed [AoB post-assignment requests](#) guide and updated [ECLIPSE billing](#) guide.
- Zedmed [AoB guidance and changes](#) article
- The [Department of Health FAQ 19 June](#)

Current Status of AoB

The Department of Health, Disability and Ageing has amended the Medicare Assignment of Benefits legislative requirements to support a 12-month transition period. 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>

Webinar recording

Webinar FAQ

If an incentive item is added during the consultation, will that require approval?

An incentive item does not need to be included in the AoB. We will be updating how this is managed in Zedmed to avoid any confusion.

Does the Accept button meet the requirements for signed approval?

The Department of Health, Disability and Ageing has reviewed our process and confirmed that sending an SMS to the patient and recording an 'Accept' response successfully meets all digital signature requirements.

How long does it take for the patient's approval to come through?

It should take about one minute from the patient approving the AoB request to Zedmed reflecting the approval.

Will we be charged for sending the SMS?

Zedmed's post-approval SMS requires ZedSMS and will incur a cost as per your SMS plan. Zedmed is also developing an email option.

Does the SMS number need to be registered before 1 July 2026?

No, this requirement only applies to organisations that send SMS messages using their company or brand name. Most Zedmed customers use the default SMS Sender setting, which does not display a practice name. These SMS messages show only a phone number.

To learn more, see [Zedmed's SMS guidance](#).

Will the SMS show our practice name?

No, the SMS sender will remain unchanged. Zedmed does support the option to add a sender (e.g practice) name, but there is an ongoing cost and 2-way SMS is not supported. The practice would also need to register their name with the SMS Sender ID Register.

To learn more, see [Zedmed's SMS guidance](#).

Can we send AoB pre-approval requests?

Zedmed currently only provides a post-assignment request solution. We will have a pre-approval solution available before the 1 July 2027 deadline.

Can we use an Enduring AoB?

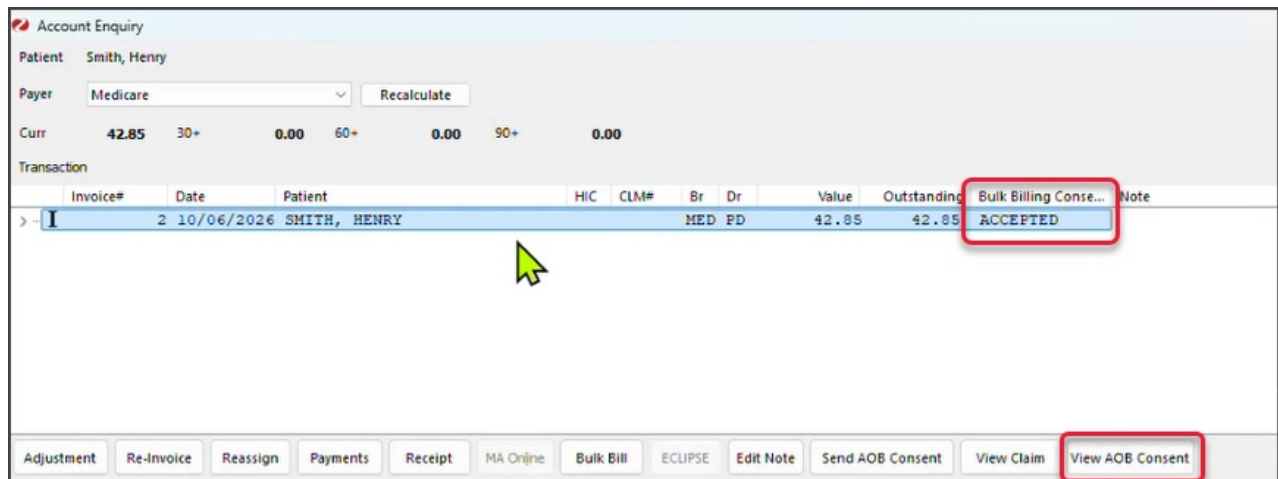
Zedmed does not currently support Enduring AoB. We are still waiting for The Department of Health, Disability and Ageing to provide details on how it will work. We expect it to be available to My Medicare registered patients (a nominated GP).

If I am billing a DVA inpatient, should I do the consent or does the hospital consent cover that?

In that scenario, it would be implied consent. However, we do advise checking the hospital's position on AoB / compliance.

Can I download the patient's approval?

Yes. A patient's post-assignment approval is saved in their Account Enquiry. When you select **View AOB Consent**, a download button will be included on the consent screen. The patient can also download a copy on their phone after they select **Accept**.



Can I use a printed form?

Practices can use their own printed forms if they include the information required to be compliant after 1 July 2026. Zedmed does not record these printed forms, so the practice would need to scan and save them in the patient record.

Data sets for episodic bulk billed assignments			
	Pathology (excluding Group 9)	Diagnostic Imaging	All other MBS services (including Group P9)
Pre-assignment	<ul style="list-style-type: none"> • Patient name • Date of assignment • Pre-assignment • Is the assignor the patient – yes/no • Date of specimen collection • Statement of assignor's agreement* • Description of the service 	<ul style="list-style-type: none"> • Patient name • Date of assignment • Pre-assignment • Is the assignor the patient – yes/no • Date of imaging procedure • Statement of assignor's agreement (R type services)[†] • Description of the service 	<ul style="list-style-type: none"> • Patient name • Date of assignment • Pre-assignment • Is the assignor the patient – yes/no • Details of the professional • Date of service • Basic service description
Post-assignment	<ul style="list-style-type: none"> • Patient name • Date of assignment • Post assignment • Is the assignor the patient – yes/no • Date of specimen collection • Details of the professional (per Section 54 of the HIR) • MBS item/s 	<ul style="list-style-type: none"> • Patient name • Date of assignment • Post assignment • Is the assignor the patient – yes/no • Date of imaging procedure • Details of the professional • MBS item/s 	<ul style="list-style-type: none"> • Patient name • Date of assignment • Post assignment • Is the assignor the patient – yes/no • Details of the professional • Date of service • MBS item/s

Can I submit a claim in Zedmed without an AoB approval?

Zedmed does not prevent claims from being submitted. The Claims screen lets you filter suppressed claims by Approval status: Approved /Not Approved, to make it easier to transmit all claims with an approved AoB.

Can a practice have an ECLIPSE claim set to 'Implied' by default?

Yes - by default, ECLIPSE is set to 'Implied' consent and 'Requested' need to be selected.

The screenshot shows the Eclipse software interface for a claim. The 'Payer' is HCF, 'Value' is \$120.55, and 'Fund' is HCF. The 'Claim Type' section has radio buttons for IMC Agreements, IMC Schemes, IMC Patient Claims, IMC Private Hospital, and IMC Public Hospital. The 'Hospital' section has dropdown menus for Admission and Discharge. The 'Other' section has checkboxes for Financial Consent, Disclosed Financial Interest (checked), Compensation Claim, and Accident Ind. The 'Sender Contact Details' section has fields for Sender Contact (Dr Phillip Davis) and Phone (0392843300). The 'Assignment Of Benefits' section is highlighted with a red box, showing 'Implied' selected and 'Requested' unselected. 'Ok' and 'Cancel' buttons are at the bottom right.

How long should AoB approvals be kept for?

The approval must be retained for two years.

What if a patient cannot assign their benefit to themselves?

The AoB can be sent via SMS to the person providing the approval, who may not be the patient. The approval will indicate that the signer is not the patient but someone acting on their behalf, for example, a NOK. See the [Responsible person guidance](#) for more information.

What if a patient will not approve their AoB?

If the patient does not agree to assign their Medicare benefit, they should be privately billed and provided with an invoice so they can claim their Medicare benefit from Services Australia. Zedmed will be releasing an electronic pre-assignment request option before 1 July 2027.

What if the patient does not have a mobile phone?

You can print a physical AoB form when invoicing by selecting **Print** when prompted after selecting **Bulk Bill**. This PDF can be printed and emailed to the patient, who can sign it, scan it and send it back. Zedmed is also developing an email option.

What if the patient pays using Tyro?

If you are using Tyro Easyclaim, you can print a practice receipt containing all the AoB approval information required on the terminal. This is important for customers who are using Tyro as a stand-alone payment solution (not integrated with Zedmed).

The practice receipt:

- Must be selected when prompted on the terminal, after the patient receipt has been printed.
- Is not stored electronically, so it must be printed.
- Store the receipt in a low-light environment or scan/photograph as it will need to be retained for 2 years.

Tyro Health will release an updated AoB solution for the Pro Key terminal that saves post-assignment approvals electronically within Tyro Health Online. Tyro will be sending communications to its customers when this feature becomes available.

What is the process for rejected or resubmitted claims?

A new AoB approval would be needed if the claim had to be resubmitted with a change to the service items, date or practitioner.

Why can I not see these new post-assignment options in Zedmed?

AoB post-assignment requests require Zedmed v39.5 or later.
