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 hourItem 160 1 hour < 2 hoursItem 161 2 hours < 3 hours | Item 162 3 hours < 4 hoursItem 163 4 hours < 5 hoursItem 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. |