

# Assignment of Benefit (AoB) Software, Telehealth and Payment Workflow Reference

For PHNs and general practices | Current public guidance reviewed 6 July 2026

**Purpose:** This table helps PHNs and practices identify where AoB consent is likely to be managed across practice management systems, booking/patient engagement platforms, claiming/payment systems, telehealth tools and paper-based workflows. It should not be read as legal or compliance advice; practices should confirm their own workflows with vendors and monitor Department and Services Australia guidance.

## Quick messages for practices

- The AoB reform is about capturing, evidencing, retaining and retrieving patient consent before a bulk bill claim is submitted.
- Video consultation tools are not AoB systems. Most practices will use their PMS, booking/patient engagement platform, claiming/payment platform or a paper/electronic form to evidence consent.
- Do not assume EFTPOS/POS hardware alone creates a compliant AoB record. Confirm where the signed/electronic agreement is stored and how it can be retrieved for audit purposes.
- From 1 July 2026, a 12-month transition period allows verbal assignment in all settings while practices strengthen workflows; enduring assignment is available for eligible groups including MyMedicare registered patients, aged care home residents and ACCHO/AMS patients.

## AOB Systems & Processes

System / process	Role in AoB workflow	Practice	Links
<b>Best Practice Premier (Bp Premier)</b>	<ul style="list-style-type: none"> <li>• Core PMS billing and consent workflow environment.</li> <li>• Best Practice states the Oxford release included support for AoB reforms and that revised transition arrangements affect activation of the workflows.</li> <li>• Best Practice has advised Oxford SP1 will support revised legislative requirements, including practice-level AoB workflow settings and data capture options for verbal and enduring assignment.</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm installed Bp Premier version and whether AoB workflows are enabled.</li> <li>• Review verbal, episodic pre/post and enduring assignment workflows with reception, clinical and billing staff.</li> <li>• Check SMS sender ID requirements if using SMS links to patients.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Bp Premier AoB FAQ</a></li> <li><a href="#">Best Practice July 2026 AoB update</a></li> <li><a href="#">Best Practice AoB overview</a></li> </ul>
<b>MedicalDirector Clinical / Pracsoft</b>	<ul style="list-style-type: none"> <li>• Core PMS and billing platform.</li> <li>• Pracsoft product update: “Assignment of Benefit in Pracsoft — What You Need to Know” dated 26 June 2026. Product updates page flags ACMA SMS Sender ID changes from 1 July 2026, which is relevant where SMS is part of the patient consent or reminder workflow.</li> </ul>	<ul style="list-style-type: none"> <li>• Review MedicalDirector/Pracsoft release notes and upgrade guidance.</li> <li>• Confirm how Pracsoft records consent, manages AoB status and stores/retrieves evidence.</li> <li>• Register relevant SMS Sender IDs where required.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">MedicalDirector Pracsoft updates</a></li> <li><a href="#">MedicalDirector support</a></li> </ul>
<b>HotDoc</b>	<ul style="list-style-type: none"> <li>• Patient engagement and booking platform with explicit AoB consent capability.</li> <li>• HotDoc states it supports two digital AoB methods: pre-consent before the appointment and post-consent after the invoice is stored in the PMS.</li> <li>• HotDoc’s AoB workflow remains relevant for telehealth and face-to-face patient journeys.</li> </ul>	<ul style="list-style-type: none"> <li>• Enable and test HotDoc AoB workflows before relying on them operationally.</li> <li>• Confirm how consent links are sent, where records are stored and how they are retrieved.</li> <li>• Ensure staff understand which appointments use pre-consent versus post-consent workflows.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">HotDoc AoB FAQs</a></li> <li><a href="#">HotDoc AoB webinar</a></li> </ul>
<b>Healthengine</b>	<ul style="list-style-type: none"> <li>• Patient engagement/booking platform with explicit AoB capability.</li> </ul>	<ul style="list-style-type: none"> <li>• Use Healthengine guidance to configure post-service consent workflows.</li> </ul>	<ul style="list-style-type: none"> <li><a href="#">Healthengine AoB changes — 1 July 2026</a></li> </ul>

System / process	Role in AoB workflow	Practice	Links
	<ul style="list-style-type: none"> <li>Healthengine states its Bulk Billing Consent/AoB workflow supports digital AoB for appointment types including telehealth.</li> <li>Current Healthengine release supports post-service digital AoB via SMS/email after the invoice is generated in the PMS, and states support for Best Practice and Pracsoft.</li> </ul>	<ul style="list-style-type: none"> <li>Confirm PMS integration and whether the practice needs a pre-service alternative.</li> <li>Train staff to monitor pending or incomplete consent requests.</li> </ul>	<a href="#">Healthengine practice support</a>
<b>Tyro Health Online / Tyro Health claiming and payments</b>	<ul style="list-style-type: none"> <li>Claiming and payment platform with explicit AoB guidance for Medicare Online, ECLIPSE and Easyclaim channels.</li> <li>Tyro Health states Medicare Online bulk bill claiming through Tyro Health Online introduces electronic AoB support from 1 July 2026.</li> <li>Tyro Health guidance covers in-person and remote/telehealth scenarios, with SMS-linked agreement approval in some workflows and downloadable completed agreements from the invoice screen.</li> </ul>	<ul style="list-style-type: none"> <li>Use Tyro Health channel-specific guidance to identify the correct consent path.</li> <li>Confirm whether AoB is managed inside Tyro Health, externally, or in the PMS.</li> <li>For telehealth, confirm how SMS-linked approval or verbal consent during transition is recorded.</li> </ul>	<a href="#">Tyro Health AoB consent article</a> <a href="#">Tyro Health help centre</a>
<b>Gentu / Genie Solutions / Magentus</b>	<ul style="list-style-type: none"> <li>Practice management and claiming platform used in specialist and mixed settings.</li> <li>Gentu guidance says the July 2026 changes apply to bulk billing and inpatient simplified billing/ECLIPSE claims.</li> <li>Gentu describes pre-assignment and post-assignment AoB forms/workflows, including workflow videos and resources.</li> </ul>	<ul style="list-style-type: none"> <li>Review Gentu/Genie AoB workflows and forms before July claims processing.</li> <li>Confirm how ECLIPSE and bulk bill workflows differ.</li> <li>Ensure practices can retrieve retained agreements for audit or patient request.</li> </ul>	<a href="#">Gentu July 2026 AoB FAQs</a>
<b>Services Australia claiming guidance</b>	<ul style="list-style-type: none"> <li>Authoritative Services Australia information channel for Medicare claiming and AoB requirements.</li> <li>Services Australia states consent can be electronic or paper-based, before or after service, and that providers must retain the agreement for 2 years from the claim date.</li> </ul>	<ul style="list-style-type: none"> <li>Use Services Australia guidance as the operational reference point.</li> <li>Ensure staff know record-keeping requirements and the changes to “patient unable to sign” processes.</li> <li>Use HPOS and Services Australia channels for Medicare administration and updates.</li> </ul>	<a href="#">Services Australia — Assignment of Benefit for bulk bill claims</a> <a href="#">Services Australia — New AoB consent requirements</a>
<b>Department of Health, Disability and Ageing templates and FAQs</b>	<ul style="list-style-type: none"> <li>Policy and resource source for AoB requirements.</li> <li>Department resource collection includes episodic pre-assignment templates and enduring agreement templates for MyMedicare patients, residential aged care home patients, and ACCHO/AMS patients.</li> <li>The RACGP AoB page summarises key points and links to further practice-facing guidance.</li> </ul>	<ul style="list-style-type: none"> <li>Use Department templates where practices need paper or electronic forms outside vendor workflows.</li> <li>Check that internal forms include the required data set and match pre/post/enduring assignment requirements.</li> <li>Refer practices to national guidance rather than creating local interpretations where possible.</li> </ul>	<a href="#">Department — Improving the assignment of benefit process AOB FAQ's</a> <a href="#">Department AoB templates collection</a> <a href="#">RACGP AoB resource hub</a>

## Supporting technology: telehealth, EFTPOS/POS and workflow considerations

System / process	Role in AoB workflow	Practice / PHN checks	Links
<b>Healthdirect Video Call</b>	<ul style="list-style-type: none"> <li>Video consultation platform used by eligible primary health services. Provided by Healthdirect.</li> <li>No documented AoB-specific workflow for Australian Medicare bulk billing.</li> </ul>	<ul style="list-style-type: none"> <li>Use a separate AoB process through PMS/booking/claiming platform or paper/electronic form.</li> <li>For telehealth claims, ensure consent is captured before claim submission and retained by the practice.</li> </ul>	<a href="#">Healthdirect Video Call portfolio</a> <a href="#">Video Call access for Primary Health Services</a>
<b>Coviu</b>	<ul style="list-style-type: none"> <li>Telehealth platform used by GPs, specialists and allied health providers.</li> <li>No documented AoB-specific workflow for Australian Medicare bulk billing.</li> <li>Coviu's GP &amp; specialist page describes telehealth consultations, in-call payments, patient triaging, online bookings and practice management software integrations.</li> </ul>	<ul style="list-style-type: none"> <li>If using Coviu for the consultation, separately confirm how AoB consent is captured and retained.</li> <li>Check whether any payment or PMS integration changes the AoB workflow.</li> <li>Document whether the AoB record sits in PMS, HotDoc/Healthengine/Tyro, paper form, or another consent platform.</li> </ul>	<a href="#">Coviu GP &amp; specialist information</a> <a href="#">Coviu individual/solo practitioner information</a>
<b>Zoom for Healthcare / other generic video platforms</b>	<ul style="list-style-type: none"> <li>No documented AoB-specific workflow for Australian Medicare bulk billing.</li> <li>Where Teams, Zoom or similar platforms are used, practices should rely on a separate AoB evidence process.</li> </ul>	<ul style="list-style-type: none"> <li>Map the end-to-end telehealth workflow: booking, consultation, consent, invoicing, claim submission and record retention.</li> <li>Confirm no claim is submitted before patient consent is obtained and recorded.</li> <li>Retain the AoB agreement in the PMS/claiming platform/paper record.</li> </ul>	<a href="#">Zoom for Healthcare</a> <a href="#">Australian Digital Health Agency — telehealth</a>
<b>EFTPOS/POS terminals and integrated payment devices</b>	<ul style="list-style-type: none"> <li>Payment hardware can support payments and, in some cases, claiming workflows, but it should not be assumed to satisfy AoB consent requirements on its own.</li> <li>Tyro Health guidance is currently the clearest payment/claiming source reviewed with explicit AoB workflows; it distinguishes channels and scenarios rather than relying on terminal hardware alone.</li> </ul>	<ul style="list-style-type: none"> <li>Ask vendors where the completed AoB agreement is stored and how it can be downloaded or retrieved.</li> <li>Confirm whether the terminal/POS workflow creates only a payment/claiming record or a complete AoB agreement.</li> <li>For integrated PMS + EFTPOS arrangements, document whether the PMS, payment provider or paper file is the source of truth.</li> </ul>	<a href="#">Tyro Health AoB consent article</a> <a href="#">Services Australia AoB guidance</a>
<b>Telehealth AoB workflow checklist</b>	<ul style="list-style-type: none"> <li>Develop a Telehealth process/workflow for AoB to ensure compliance and consistent processes when claiming when the consultation occurs by phone or video and the claim is bulk billed.</li> <li>Useful for high-risk settings such as older people, people with low digital access, landline-only patients, RACFs and patients requiring a representative or responsible person.</li> </ul>	<ul style="list-style-type: none"> <li>Before consultation: decide whether pre-assignment, post-assignment, enduring assignment or transition-period verbal assignment applies.</li> <li>During/after consultation: confirm the final service and MBS item aligns with the agreement before claim submission.</li> <li>After claim: retain agreement for 2 years and be able to provide a copy to the patient on request.</li> </ul>	<a href="#">Department AoB process page</a> <a href="#">RACGP AoB resource hub</a> <a href="#">Services Australia — Assignment of Benefit</a>

## Questions practices can ask vendors

1. Which AoB types does the system support: episodic pre-assignment, episodic post-assignment, enduring assignment and/or transition-period verbal assignment recording?
2. How is the patient or responsible person identified when consent is captured electronically?
3. Where is the completed agreement stored, and can it be downloaded or exported for audit or patient request?
4. How does the system handle telehealth, landline-only patients, RACF residents and patients who need a responsible person or authorised representative?
5. What happens if the service or MBS item changes after a pre-assignment agreement has been obtained?
6. Does the solution depend on SMS or email? If SMS is used, does the practice need to register or update Sender ID arrangements?
7. Does the system integrate with the practice PMS, booking platform, claiming/payment platform and telehealth tool without duplicating or losing consent records?

## Source base used for this table

Source base: Department of Health, Disability and Ageing AoB process and templates; Services Australia AoB guidance; RACGP AoB resource hub; vendor pages from Best Practice, MedicalDirector, HotDoc, Healthengine, Tyro Health, Gentu/Magentus, Healthdirect, Coviu and Zoom.

Information current as of 6 July 2026.