

1. Start with your accountant , business model and money flow

- What is our business model: Medical Centre or Tenant Doctor? Every downstream answer depends on it.
- Do our bank account arrangements reflect that model? Whose name is on the account that receives Medicare, Tyro and HICAPS settlements, DVA, workers compensation, gap payments and cash?
- Does our PRODA and HPOS banking nomination match the model?
- Does our bookkeeping ledger reconcile every income stream back to each practitioner's bank statement on demand?
- What is the cash flow impact of partial conversion to private billing from 1 July, against our service fee, payroll and rent commitments?
- What is our exposure across payroll tax, superannuation, Fair Work, AML/CTF Tranche 2, section 20A of the Health Insurance Act 1973 and the emerging competition law question, on the same facts?
- Has our accountant issued an integrated written assessment with a signed Professional Undertaking covering all of the above?

2. Then your lawyer , service agreements and entity documents

- Do our service agreements reflect the business model the accountant has confirmed?
- Does the service agreement contain a clear AoB clause allocating the obligation to capture and retain to the practice, an indemnity for the practitioner against front-desk failure, and an express right to bill privately where a valid AoB is not captured?
- Do our trust deeds, constitution, shareholder agreement and entity documents support the structure, particularly if converting a hybrid service trust to a service company?
- Has our lawyer co-signed the integrated written assessment with a Professional Undertaking?

3. Then your doctors , what each practitioner understands

- Has each practitioner been briefed on the four 1 July changes and how each one touches their day?
- Does each practitioner understand which model they are in and their exposure under each regime?

- Has each practitioner given written consent to convert their bulk billed services to private billing from 1 July until the AoB workflow is verified end to end?
- Has each practitioner reviewed and signed the updated service agreement?
- Has each practitioner been briefed on the MBS item change re-consent requirement?
- Has each practitioner agreed the script for the counter conversation with concession card holders and long-standing bulk bill patients?

4. Then your staff , reception and the practice manager

- Has reception been briefed jointly with the doctors, so the counter script is consistent and calm?
- Does the practice manager understand the chosen primary capture method and the order of priority?
- Does reception know what to do if a patient does not respond to a text message AoB before end of day?
- For private billing conversions, does reception know what to do if a patient presents without an eftpos-rail-enabled debit card, given the instant rebate cannot land at the terminal in that case? (Note: this is a private claim issue. It does not apply to bulk billing, where no card is needed.)
- Does the practice manager have a daily process to verify an AoB sits against every bulk bill encounter before claim release?
- Does reception know how to convert a planned bulk bill to a private bill at the counter, in a way that protects the doctor and the patient relationship?

5. Then your IT and software vendors , get it in writing

- Have we asked our PMS vendor to confirm in writing that all section 65C universal and item-specific fields are captured at the point of consent?
- Have we asked our PMS vendor to confirm that the signed agreement is stored against the encounter and searchable on demand for two years?
- Have we asked our PMS vendor to confirm the workflow when an MBS item changes after the original AoB has been captured, including the prompt to re-trigger consent?
- Have we asked our PMS vendor to confirm the telehealth path and the paper fallback?
- Have we asked Tyro and HICAPS in writing whether the terminal will block an Easyclaim submission when no section 65C agreement is on file?

Have we asked Tyro and HICAPS whether the terminal will expose a re-consent prompt when the MBS item changes?

Have we asked any vendor offering an AoB record-keeping service to confirm we can extract the full set of signed AoB artefacts at any time, for the full two years, in a format we can store outside their system?

Have we registered our text message Sender ID with ACMA?

Have we tested the whole workflow end to end with a real patient before 30 June?

6. Finally your patients , communications before the change lands

Have we put up an A4 waiting room sign explaining the change in plain language?

Have we updated the on-hold telephone message with a 25 second segment on the new consent process?

Have we added a short notice to the practice website home page and the online booking flow?

Have we used our email newsletter or SMS reminder system to give existing patients a heads up before their first July visit?

Have we briefed our reception team on the script for new patients and walk-ins?

David Dahm is a chartered accountant and registered tax agent specialising in medical and allied health practice advisory since 1992. He gratefully acknowledges Lukasz Wyszynski of Hamilton Bailey Lawyers for assistance in the preparation of this article. This article is general in nature and does not constitute legal, tax, or financial advice. Every practice should obtain tailored advice from a qualified lawyer and a registered tax agent before acting on the matters discussed.