

Assignment of Benefit Changes - 1 July 2026

From 1 **July 2026**, changes are being introduced to the **Assignment of Benefit** process for Medicare bulk billing and Simplified billing.

For a general overview of the Assignment of Benefit changes, please refer to the Department of Health: [Improving the Assignment of Benefit Process](#)

Medicare Bulk Billing

The Department of Health has advised that the new bulk billing Assignment of Benefit process will commence from **1 July 2026**.

Key changes include:

- Assignment of Benefit can be completed before the service as a **Pre-Assignment**, or after the service as a **Post-Assignment**. FYDO will support **Post-Assignment**.
- Signed consent is required to confirm the patient agrees to assign their Medicare benefit.
- Agreements can be completed on paper or electronically. FYDO will have a paper/manual agreement option available from **1 July 2026**, and we are currently working on an electronic SMS consent feature.
- Providers are required to retain a copy of the completed agreement for **2 years**.

For more information, please refer to the document below, which includes slides shared by the Department of Health, Disability and Ageing during their recent virtual information session on the modernised Assignment of Medicare Benefits process for bulk billed services:

[Modernised AoB - Bulk Billing Information Session Slides - 12 May 2026](#)

The Department has also developed an FAQ document, which can be found below:

[Assignment of Medicare Benefits for Bulk Billing - Frequently Asked Questions](#)

Simplified Billing

The Department of Health has advised there are also changes relating to Assignment of Benefit for simplified billing from **1 July 2026**.

Key changes include:

- Simplified billing assignments will use either **Implied Assignment** or **Requested Assignment**.
- **Implied Assignment** may apply where an insurer arrangement is in place for the service, such as Gap Cover Agreements or MPPAs.
- **Requested Assignment** may apply where an insurer arrangement does not apply. In these cases, the patient or assignor needs to agree to assign the Medicare benefit.
- Simplified billing claims will need to indicate whether **Implied Assignment** or **Requested**

Assignment applies, for both electronic and manual claims.

For more information, please refer to the Department of Health resources below:

[Assignment of Benefit – Simplified Billing Legislation Changes](#)

[Assignment of Medicare Benefits for Simplified Billing – Frequently Asked Questions](#)

FYDO Updates

FYDO has already started releasing updates in preparation for the **1 July 2026 Assignment of Benefit changes**.

- Default Assignment Type to **Implied** or **Requested** within Doctor Setup for simplified billing. Steps on how to update this field can be found here: [FYDO Clinic Update – 23/04/2026](#)

Further Information & Support

We recommend clients review the Department of Health information linked above to understand how the Assignment of Benefit changes may apply to their clinic.

For any questions regarding the Assignment of Benefit changes, the Department of Health can be contacted at: AssignmentofBenefit@health.gov.au

For any questions relating to FYDO, please contact our Support Team at support@alturahealth.com.au or phone **(02) 9632 0026** – option 6 for FYDO Clinic.

FYDO will provide additional updates as they become available.