



Bendigo Community Health Services (BCHS) offers group-based exercise programs for people with type 2 diabetes.

This eight-week program is funded by Medicare. Referrals must be completed by a GP using the Medicare **referral form for Group Allied Health Services under Medicare for patients with type 2 diabetes**.

It is appreciated if a copy of the care plan in place or a health summary is provided to assist in our assessment.

The program consists of eight, one hour exercise sessions, which involve a combination of aerobic and resistance-based exercises.

Individuals will have an assessment with an exercise physiologist prior to starting the sessions and a personalised exercise program will also be developed.

Completed forms, along with a copy of the patient's care plan / health summary can be faxed to BCHS on 5441 4200 [or emailed to mail@bchs.com.au.





Referral form for Group Allied Health Services under Medicare for patients with type 2 diabetes

	ioi patients with	type z ula	Detes	
Note: GPs can use this form issu	ued by the Department of Health or on	ne that contains all o	of the components of	this form.
PART A – To be completed by r	referring GP (tick relevant boxes):			
☐ Patient has type 2 diabetes	AND either			
☐ GP has prepared a new GP Management Plan (MBS item 721) OR				
☐ GP has reviewed an existing	g GP Management Plan (MBS item 73	32) OR		
care facility (MBS item 731)	al aged care facility, GP has contribute) [Note: Residents of residential aged offore, residents may not need to be reformitate.]	care facilities may r	ely on the facility for a	assistance to manage
Note: GPs are encouraged to at	ttach a copy of the relevant part of the	patient's care plan	to this form.	
Please advise patients that	at Medicare rebates and Private Healtl	h Insurance benefit	s cannot <u>both</u> be claii	med for this service
GP details				
Provider Number			7	
Name]	
Address				Postcode
Patient details				
First Name		Surname		
Address				Postcode
assessment. The assessment n	tor, exercise physiologist or dietitian), on must be done before the patient can actice) the patient is referred to for assercise Physiologist, Bendigo Community	ccess group service essment:	· ·	refer the patient to for this
	A Napier Street, White Hills			Postcode 3550
71001000				1 0310000 3000
Referring GP's signature		Date		
Eligible patients may access Me Group size must be between 2 a	allied health provider (AHP) who under edicare rebates for up to 8 allied health and 12 persons. er/s, and details of the group service pr	n group services in		
Name of provider/s:	Exercise Physiology Team, Bendigo Co	mmunity Health Servi	ces	
Name of programme:	Type Two Diabetes Group Exercise Sess	sions		
No. of sessions in programme:	8			
Venue (if known):	501A Napier Street, White Hills, 35.	50		
Name of referring AHP:		Signature and date		
	vide, or contribute to, a written report s programme. Allied health providers s			

completion of the group services programme. Allied health providers should retain a copy of the referral form for record keeping and Department of Human Services (Medicare) audit purposes. Allied health services funded by other Commonwealth or State/Territory programmes are not eligible for Medicare rebates under these items, except where the service is operating under sub-section 19(2) arrangements.