

## DB4 / DB4E Assignment of benefit (digital signature)

Last Modified on 18/10/2024 11:37 am ACDT

### Assignment of benefit and digital signature for telehealth services

From CareRight(CR) version 6.98, CR features a workflow for collecting a signed DB4 Assignment of Benefits PDF via a secure link. This improves telehealth claiming preparation, allowing a one click request for consent.

- System displays the "Request Patient Signature" button in the patient invoice screen when an invoice raised for consultation item types under Medicare and DVA account.
- Request assignment of benefits form can be sent via patient email, SMS or QR Code.

*Additional note: patient consent for sharing clinical correspondence via email or SMS must be taken to send the request form via email or SMS.*

The screenshot displays the CareRight (CR) system interface. At the top, there is a navigation bar with buttons: Edit, Reverse, Pay In Full, Pay Online, Request Patient Signature, and Print. Below the navigation bar, a breadcrumb trail shows: Dashboard / Clients / Miss Beverly MORGA. A green notification bar states: "Invoice was successfully created." Below this, a red bar indicates the invoice status: "Raised". The main section is titled "Invoice" and contains the following details:

Invoice Number	533
Invoice Status	Raised
Invoice Date	29/05/2024
Invoice Total	\$81.30
Out Of Pocket	\$0.00
GST Total	\$0.00
Medical Provider	Dr Inge DILLON
Service Location	OP Adelaide Outpatient
Referral	Referral not required
Claim Status	Unsent
Claim Information	
Invoice Other Reference	0
Note	

Below the invoice details, there is a section titled "Line Item" with buttons: Show, Edit, Adjustment. The line item details are:

Service Date	29/05/2024
Item Number	104
Item Type	Consultation

Once user shared the request for signature, patient will receive a notification. For example:

On following the secure link; patients will be shown an appropriate claim form for either:

- [Medicare Assignment of Benefits](#)
- DVA Treatment Vouchers

*Example signature requirements, Medicare DB4 Assignment of Benefits:*

## Signature

Patient, Parent, Guardian or other Responsible Person to complete

☐ \*Yes, I agree to the Assignment of the Medicare Benefits directly to the health professional

Name

Clear

Privacy Note:

Your personal information is protected by law, including the Privacy Act 1988, and is collected by the Services Australia for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the agency or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which Services Australia will manage your personal information, including our privacy policy at [servicesaustralia.gov.au/privacy](https://servicesaustralia.gov.au/privacy) or by requesting a copy from the agency.

Information about medical/dental expenses for people under the age of 18 may also be disclosed to adults on the same Medicare card, through taxation statements.

Confirm

Cancel

Patients may download a copy of the signed form for their reference.

## System configuration: Require Bulk Billing Consent

Refer to [Configurations for Bulk Bill Claim](#) for further general configuration.

When **Require Bulk Billing Consent** is enabled, the system will show any invoices that are not yet ready to claim:

▶ Unbatched Invoices

[Dashboard](#) / [Locations](#) / [Adelaide Surgical Clinic](#) / [Batch Claims](#) / [Adelaide Surgical Clinic Batches](#)

Online Invoices

<input checked="" type="checkbox"/>	Inv Guarantor	Medical Provider	Inv Count
<input checked="" type="checkbox"/>	Medicare	Dr Inge DILLON	1
<input checked="" type="checkbox"/>	Medicare	Dr Darlene HALL	1

Batches will only be created for doctors selected.

Create Batch Claims

Requires Consent

Search...

Invoice Number	Invoice Date	Medical Provider	Patient	Amount
677	18/10/2024	Dr Barbara HOFFMAN	Miss Beverly MORGAN	\$141.85

HSP e-Claims

Inv Guarantor	Location Name	Site ID	Inv Count
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## Providing alternative evidence

Where a patient cannot complete the electronic signing, and you have enabled **Require Bulk Billing Consent**, you can confirm you have evidence of consent via editing the invoice; and marking *Consent to Bulk Bill Claim*

## Medicare Online

Medical Provider Dr Barbara HOFFMAN

Service Location OP Adelaide Rooms

DVA Treatment Location Select from list

DVA Disability Text

☒ Consent to Bulk Bill Claim