Medical Certificate, Script & Referral Request Policy

Medical Certificate Requests

1. All requests for Medical Certificates must be made at the time of consultation with the General Practitioner. This consultation will be charged in line with our practice billing policy, which can be viewed on each of the Doctors' pages on our website (www.greenhillshealthhub.com.au).

2. Medical Certificates will not be backdated.

3. Any requests for a Medical Certificate, or amendments to a Medical Certificate, after the consultation with the General Practitioner has ended may take up to 3 business days to be processed. Amendments will only be made at the discretion of the General Practitioner. If the original General Practitioner is absent during this period, a telephone consultation with another General Practitioner may be needed to process the request. This consultation will be charged in line with our practice billing policy, which can be viewed on each of the Doctors' pages on our website (www.greenhillshealthhub.com.au).

4. Signage reminding patients of this policy are present in the waiting area and in the consulting rooms.

Script Requests

1. Ideally, all requests for scripts are to take place during a face-to-face consultation with a General Practitioner. This consultation will be charged in line with our practice billing policy, which can be viewed on each of the Doctors' pages on our website (www.greenhillshealthhub.com.au).

2. If telephoning the practice to request a script, our reception team will ask the patient to book either a face-to-face appointment or telephone consultation**, with their regular GP (unless prior arrangements have been made with the regular GP on a case-by-case basis).

3. If their regular GP is not available, an appointment with an alternative GP can be arranged with mutual consent. This consultation will be charged in line with our practice billing policy, which can be viewed on each of the Doctors' pages on our website (www.greenhillshealthhub.com.au).

4. A telephone consultation may only be appropriate for script requests if the patient has:
   a) seen their regular General Practitioner for a face-to-face consultation within the last 3 months.
   b) not requested an Authority Script*.
   c) a stable condition(s) and medication(s).

5. Through HotDoc's 'Routine Requests' a patient can request a repeat script for a private fee (no Medicare rebate will apply). Upon receipt of this request, the GP may:
   a) Process the request and issue a script (either electronically or in paper form) within 2 business days.
   b) Reject the request and issue a SMN explanation for the rejection e.g. 'please book an appointment'.
   If the request is rejected, the patient will not be charged.
   Routine Requests should not be used for Authority Scripts.

   <u>*Authority Scripts</u>
   There are various types of Authority Scripts and reasons for authority prescriptions, including:
   a) A quantity or repeat is prescribed which is larger than the usual PBS quantity.
   b) The medication requires additional monitoring, tests or expertise at the time of prescribing.
   c) The medication is a high-cost drug.
   d) The medication has an equivalent but equally effective option which cannot be used for some reason

   Authority required benefits - Authority required benefits fall into two categories:
   1) Authority required benefits are restricted benefits that require prior approval from the Department of Human Services or the DVA (noted as Authority required)
   2) Authority required (STREAMLINED) benefits are restricted benefits that do not require prior approval from the Department of Human Services or the DVA but require the recording of a streamlined authority code (noted as Authority required (STREAMLINED)).

   <u>**Telephone Consultations</u>
   Under Medicare legislation, a patient is only eligible for bulk-billing/a Medicare rebate for a telephone consultation if they have attended the practice, or seen the provider, for a face-to-face consultation within the last 12 months, with limited exceptions.

Specialist Referral Letter Requests/Amendments

1. Ideally, all requests for specialist referral letters are to take place during a face-to-face consultation with a General Practitioner.

2. If telephoning the practice to request a referral letter or a referral letter amendment, our reception team will ask the patient to book either a face-to-face appointment or telephone consultation**, with their regular GP (unless prior arrangements have been made with the regular GP on a case-by-case basis). This consultation will be charged in line with our practice billing policy, which can be viewed on each of the Doctors' pages on our website (www.greenhillshealthhub.com.au).

3. If their regular GP is not available, an appointment with an alternative GP can be arranged with mutual consent. This consultation will be charged in line with our practice billing policy, which can be viewed on each of the Doctors' pages on our website (www.greenhillshealthhub.com.au).

4. Through HotDoc's 'Routine Requests' a patient can request a repeat referral letter or referral letter amendment for a private fee (no Medicare rebate will apply). Upon receipt of this request, the GP may:
   c) Process the request and issue the referral letter (either electronically or in paper form) within 2 business days.
   d) Reject the request and issue a SMN explanation for the rejection e.g. 'please book an appointment'.
   If the request is rejected, the patient will not be charged.

Current as of:	25/08/2026	**Version:**	1.0
Amendments			
Date of amendment:	**Version:**	**Details of amendment:**	
20/04/2026	1.0	Policy written	