



General Practice Network NT (GPNNT) Medicare Compliance Assistance Form

This form is designed to assist health professionals with Medicare Compliance for MBS Item No 723: Team Care Arrangement (TCA)

Practice Name	
Address	
Telephone	
Fax	

Team Care Acknowledgement

To	From
Att	Date
Fax Number	No. of Pages (incl cover)

Please find enclosed GP Management Plan (GPMP) and Team Care Arrangements (TCA) for

_____ (Patient Name)

I agree to participate in these team care arrangements and will contribute to the plan if appropriate (please tick as appropriate):

Yes No

Name _____ Signature _____

Please fax this acknowledgement back to _____

The information contained in this fax may be confidential. If you are not the intended recipient please ensure please telephone _____ immediately to ensure it is presented to the appropriate recipient promptly. Thank you.