

PATIENT REGISTRATION FORM
SURGICAL ASSOCIATES MELBOURNE
Ph: 9468 0688
Fax: 9466 8188

Mr Thomas Sweeney
Mr Malcolm Wiley
Mr Vikram Balakrishnan
Dr David Liu

Mr / Mrs / Miss /Ms _____
(Given Names) (Surname)

DOB: ____/____/____ ADDRESS: _____

----- Post Code: _____

Ph (H): _____ Ph (B): _____ MOB: _____

OCCUPATION: _____ EMAIL ADDRESS: _____

PRIVATE HEALTH FUND – Does your health insurance cover you for (please circle): Hospital Extras Both
MEMBERSHIP OVER 12 MONTHS - (please circle) Yes No

NAME OF HEALTH FUND: _____

MEMBERSHIP NO.: _____ LEVEL OF COVER: _____

MEDICARE: _____ **PATIENT NO:** _____

VETERANS' AFFAIRS NO: _____ Gold Card White Card

PENSION NO:

FULL AGED GOV PENSION : _____ (does not include any part pens)

FULL DISABILITY _____

NEXT OF KIN:

NAME: _____ RELATIONSHIP: _____

Ph (H): _____ MOB: _____

LOCAL & REFERRING DOCTOR:

LOCAL DOCTOR: _____ Ph: _____

ADDRESS : _____

WORKCOVER / TAC (If Applicable)

EMPLOYER NAME: _____ Ph: _____

ADDRESS: _____

CLAIM NUMBER: _____ DATE OF ACCIDENT: ____/____/____

WORKCOVER INSURER NAME: _____

MEDICAL HISTORY: (Please circle and provide details if not on referral)

High blood pressure/ heart problems/ pacemaker: _____

Diabetes/ kidney problems: _____

Current Medication: _____

Allergies: _____ Your height: _____ Current Weight: _____

CONSULTATION FEES: PAYMENT IS REQUIRED ON THE DAY OF CONSULTATION

Initial consultation – \$280.00 (Medicare rebate \$84.15)
Review consultation - \$150.00 (Medicare rebate \$42.30)

PENSION FEE– Full age pension / disability card holders only.

Initial consultation - \$185.00 (Medicare rebate \$84.15)
Review consultation - \$130.00 (medicare rebate \$42.30)

DVA – GOLD card holders

Accounts for consultation and surgery will be sent directly to DVA. No out of pocket fees will apply.

HOSPITAL SURGERY/PROCEDURE ACCOUNTS: Your surgery account will be sent directly to your health fund. Although this practice does charge out of pocket fees for surgery and you will be notified of the amount when booking in your surgery.

Please note: If your health fund does not participate in Gap Cover (NIB/ please see secretary) this account will need to be paid prior to your procedure.

The level of your health insurance is your responsibility and if your fund does not pay the account in full the remaining account will be sent to you.

UNINSURED SURGICAL PATIENTS:

- **Patients without private health insurance MUST pay accounts 5 days prior to admission or the procedure will NOT go ahead.**

WORK COVER:

Please note that your initial consultation fee will need to be paid by yourself on the day. (All fees & charges increase as of the 1 February each year and are subject to change without prior notification).

Please read carefully before signing:

I give permission for my medical records to be accessed by Mr Sweeney, Mr Wiley, Mr Balakrishnan, Dr David Liu or their representatives in this practice. I further give permission for my records to be used for the purposes of audit and research with the understanding that I would not be personally identified in any way. I agree to personally be liable for payment of all fees not covered by or in the event any claim I may have against any Health Fund, WorkCover or other Third Party may be rejected. I also understand that I shall be responsible for payment if outstanding accounts are sent to a debt collection agency.

Name: _____

Signed: _____ Date: _____