

PATIENT REGISTRATION FORM

Mr Thomas Sweeney Mr Malcolm Wiley Mr Vikram Balakrishnan

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 in a PRIVATE hospital YES / NO
MEMBERSHIP OVER 12MTHS: YES / NO *If no to any of these questions please see the secretaries
NAME OF HEALTH FUND:.....(OSHC –see Secretaries)
MEMBERSHIP NO: **LEVEL FOR HOSP ONLY**.....

MEDICARE NO: **PATIENT NO:** **EXPIRY DATE:**/.....

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:**

ADDRESS:

Ph (H): **Ph (B):** **MOB:**

LOCAL & REFERRING DOCTOR

LOCAL DOCTOR: **Ph:**

ADDRESS :

REFERRING DOCTOR: **Ph:**

ADDRESS:

WORKCOVER / TAC (If Applicable)

EMPLOYER NAME: **PH:**

ADDRESS:

CLAIM NUMBER: **DATE OF ACCIDENT:**/...../.....

WORKCOVER INSURER NAME:

ADDRESS:

* Please read & sign reverse side *

***We would prefer that consultation fees be paid on the day.**

Private Patient: Patients not on an aged pension or DVA card holder. **A discount for payment on the day applies.**

Private Fees	Item No.	Fee	Pay on the Day	Medicare Rebate
Initial Consultation	104	\$185.00	\$175.00	\$75.05
Review Consultation	105	\$100.00	\$90.00	\$37.70

Aged Pension: Patients on the Aged Pension. **A discount for payment on the day applies.**

Aged Pension Fees	Item No.	Fee	Pay on the Day	Medicare Rebate
Initial Consultation	104	\$130.00	\$120.00	\$75.05
Review Consultation	105	\$85.00	\$75.00	\$37.70

***Please Note - Holders of Health Care Cards or Student Cards will be charged normal private consultation fees.**

TREATMENT ROOM PROCEDURES:

Rooms Procedures carried out at Northpark will incur a \$120.00 treatment room fee. You will also receive an account from Mr Sweeney.

These fees are payable prior to the procedure.

HOSPITAL SURGERY/PROCEDURE ACCOUNTS: Your surgery/ procedure account will be sent directly to your health fund.

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 due to you having basic level the remaining account will be sent to you.

SURGICAL OUT OF POCKET FEES: This Practice will charge an out of pocket fee. You will be notified of the amount at the time of your surgical booking.

DVA GOLD CARD the out of pocket fee will not apply.

UNINSURED PATIENTS:

- **Patients without private health insurance MUST pay accounts no less than 1 day prior to admission or procedure will NOT go ahead.**

(All fees & charges increase as of the 1 November each year and are subject to change without prior notification).

WORK COVER:

Please note that your initial consultation will need to be paid by yourself on the day.

Please read carefully before signing:

I give permission for my medical records to be accessed by Mr Sweeney or Mr Wiley 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.

Signed: **Date completed:**/...../.....

Print Name: