

# PATIENT REGISTRATION

Confidential

## PERSONAL DETAILS

DR/ MR/ MRS/ MS/ MISS/ MASTER – Please Circle

First Name: \_\_\_\_\_ Surname \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Today's Consultation relates to my(eg Right Knee) \_\_\_\_\_

## ACCOUNT DETAILS

Name of person responsible for paying account: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Number on Card: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you have Private Health Insurance? YES / NO

Name of Fund: \_\_\_\_\_ Membership Number: \_\_\_\_\_ Date Joined \_\_\_\_\_

Is your account covered by Workcover / TAC/ Veterans' Affairs? Please provide details below:

TAC Claim Number: \_\_\_\_\_ Veterans' Affairs Number: \_\_\_\_\_

Workcover – Insurance Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Claim No: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

**USUAL GP NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**FEES: Please note that payment is due on the day of your consultation and is partially rebated by Medicare**

Initial Consultation: \$130.00 – Medicare Rebate \$78.85

Review Consultation: \$55.00 – Medicare Rebate \$38.15

*This practice is committed to protecting your privacy. The personal health information provided is generally only disclosed to other members of your treating team; however it will be disclosed to other organizations where required by law if necessary or for debt recovery purposes.*