

**PATIENT REGISTRATION FORM – Private & Confidential**

**Mr Keith Winters**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

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

Phone: Mobile \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_ Occupation \_\_\_\_\_

Next of Kin \_\_\_\_\_ Relationship \_\_\_\_\_ Contact No \_\_\_\_\_

Referring Doctor's Name \_\_\_\_\_

GP's Name (if different from referring Dr) \_\_\_\_\_

GP Clinic Name & Suburb \_\_\_\_\_

Medicare No: \_\_\_\_\_ Card Ref No (number next to name) \_\_\_ Expiry: \_\_\_/\_\_\_

Health Fund Name \_\_\_\_\_ Membership Number \_\_\_\_\_

Dept. of Veteran Affairs No. \_\_\_\_\_ Card Colour \_\_\_\_\_

**GENERAL HEALTH**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

For lower limb conditions we require your shoe size in case you need to be fitted with a shoe or boot. For upper limb conditions this is not required. Shoe Size: \_\_\_\_\_

Have you or an immediate family member ever had a BLOOD CLOT or DVT? **YES / NO**

If YES, please provide details: \_\_\_\_\_

Is this a possible TAC or WorkCover claim **YES / NO** Claim No \_\_\_\_\_

Name of Employer: \_\_\_\_\_ WorkCover Insurance Company: \_\_\_\_\_

Representative/Case Manager \_\_\_\_\_ Contact No \_\_\_\_\_

**YOUR CONSENT IS REQUIRED**

**PRIVACY POLICY:** I have read and understand the requirements outlined in the privacy policy of this medical practice as detailed on the **back of this form**, and give my consent for my information to be used in this manner.

**FEES FOR PROVISION OF SERVICES AND OVERDUE ACCOUNTS:** I have read and understand the Fees For Provision Of Services listed on the back of this form. I understand that unless otherwise stated there is no Medicare or health fund rebate to cover the cost of these fees. In the event where your overdue account is referred to a collection agency and/or law firm, you will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs.

**FINANCIAL CONSENT:** I understand that there are out of pocket expenses associated with surgery. These expenses may include surgical, anaesthetic & assistant costs that not fully refundable by either Medicare or health insurance funds.

**CANCELLATION POLICY:** I understand and accept that if I cancel an appointment with less than 24 hours notice I will be charged the full consultation fee. I understand and accept that if I cancel or postpone surgery with less than 1 week notice, I will be charged a \$500 booking/cancellation fee. I understand and accept there will be a \$50 fee if I wish to change the date of surgery once it has been already booked for a specific date.

Patient Signature..... Date.....

**Please turn the page over for our fees and privacy policy**

## PRIVACY POLICY: MR KEITH WINTERS

We require your consent to collect personal information about you. Please read this information carefully, and sign where indicated at the bottom of the first page. This medical practice collects information from you for the primary purpose of providing quality health care. We require you to provide us with your personal details and a full medical history so that we may properly assess, diagnose, treat and be proactive in your health care needs. This means we will use the information you provide in the following ways:

- Administrative purposes in running our medical practice.
- Billing purposes, including compliance with Medicare and Health Insurance Commission requirements.
- Disclosure to others involved in your health care, including treating doctors and specialists outside this medical practice. This may occur through referral to other doctors, or for medical tests and in the reports or results returned to us following the referrals.

You are not obliged to provide any information requested of you, but your failure to do so might compromise the quality of the health care and treatment given to you. You have the right to access the information collected about you, except in rare circumstances where access might legitimately be withheld. An explanation will be given in these circumstances.

## MR WINTERS' FEES

The safe, efficient and reliable running of a private surgical practice requires fees greater than the government provides Medicare rebates for. As a result there are out of pocket fees associated with our services. Private health insurance does not cover private outpatient costs, but does make significant contributions to the costs of surgery. Our goal is to provide high quality healthcare while making every effort to minimise your costs.

<p><b>PRIVATE CONSULTATION FEES</b></p> <p>Initial Consultation      \$210 (Medicare rebate \$76.80) Extended Consultation    \$230 (Medicare rebate \$76.80) Review Consultation      \$100 (Medicare rebate \$38.60)</p> <p><b>TAC/WORKCOVER CONSULTATION FEES</b></p> <p>TAC/WorkCover consultations are billed directly to the relevant company provided a patient has a valid claim number and does not have an excess to pay. Without a claim number, private fees will apply.</p> <p><b>SURGERY</b></p> <p>Mr Winters does not participate in the NO gap scheme. However, for most health funds he does participate in the KNOWN gap scheme. Please check with our staff if your health fund is included in this. The surgeon's fees are separate to the anaesthetist, assistant and hospital fees.</p>	<p><b>INJECTIONS</b></p> <p>Corticosteroid Injection: \$65.00 per injection Medicare does not provide a rebate for these injections.</p> <p><b>APPLICATION OF CASTS</b></p> <p>Full fibreglass cast: \$60-\$120 Medicare does not provide a rebate for cast application</p> <p><b>POST SURGERY</b></p> <p>Some patients require blood thinners post surgery and there is an extra cost for this. Certain surgeries also require postoperative equipment that may not be covered by health insurance or Medicare. Please check before going ahead with surgery.</p>
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## MEDICAL CERTIFICATES

Each patient is permitted one free standard medical certificate if attending an appointment. After this, or if requesting a certificate over the phone or by email, there will be a charge of \$10 per standard certificate. Please allow a minimum of five days for this to be completed and sent. A standard certificate includes only the dates you are unfit for and no other information.

## CERTIFICATE OF CAPACITY

Certificate of Capacity forms do not incur a fee if completed within an appointment. Otherwise there is a fee of \$25 per certificate.

## PROGRESS REPORTS/ALL OTHER MEDICAL FORMS

In order for Mr Winters to fill out these forms, an appointment must be made as far in advance as possible. There is a charge of \$110 per A4 page due to the time it takes Mr Winters to fill these out. Alternatively, you may ask your GP if they are able to fill one out instead (Please note not all GPs will be able to do this).