

New Patient Registration Form

Could you please assist us by completing the following:

Title	Surname
First Name	Middle Name
Preferred Name	Date of Birth
Occupation	Gender (Circle) M / F
Aboriginals/or Torres Strait Islander? Yes/No	if yes please indicate:

Street Address		
Suburb	Post code	State
Home Phone	Mobile Phone	
Email		
Do you give your consent to receive recall and reminder services via SMS : (please circle)	YES / NO	

Medicare Number and Ref:	Referring Doctor
Medicare Expiry /	Name
Health Fund	Address
Health Fund membership Number	Suburb Postcode
#	Phone
DVA number (if applicable)	

Next of Kin details	
Name	
Address	
Suburb	Postcode
Mobile	
relationship patient	

Personal Health Information Consent

Privacy Patient Information To provide a high standard of medical care we need to collect personal information from our patients. This information is usually collected from the patient but may be collected from family members and other health care providers with the patient's consent. At times some of this information needs to be shared with other health care providers or we may be legally bound to disclose personal information. All persons accessing your personal health information are bound by confidentiality. Please do not hesitate to discuss any concerns, questions or complaints about any issues related to the privacy of your personal information with your Doctor. If you require another member of your family to access your medical results of tests, this cannot be done without a consent form signed by the patient. Please ask our reception staff for this form if you require one. Thank You

Consent

I provide my consent for Waverley Breast Care to collect, use and disclose my personal information as outlined above. I provide consent for referrals and results to be sent to a medical specialist or doctor by facsimile. I provide consent for messages to be left with immediate family members / defacto partner (e.g. appointment confirmation). I understand that I am entitled to access my own health records except where access would be denied as outlined above. I understand that I may withdraw my consent as to use and disclosure of my personal information (except when legal obligations must be met).

Print Name: _____

Signed by Patient: _____

Date(DD/MM/YYYY): _____

Signature of parent and guardian (if applicable): _____

Name (printed): _____

Fees

The fee structure for the specialists for **Dr Suat Li Ng** is listed below. It is based on rebates available under the Medicare Benefits Schedule as well as current market rates. We strive to keep our fees lower than those recommended by the Australian Medical Association for specialist consultations.

The amount you are billed depends on whether you are a new patient or returning for a review.

Fees may be paid via EFTPOS or Cash.

Type of appointment	Duration of appointment	Amount you are billed	Medicare Rebate	Amount you are out of pocket
New patient, standard consultation (104)	40 minutes	\$180	\$75.05	\$104.95
Review Patient, standard consultation (105)	15 minutes	\$100	\$37.70	\$62.30

- Health care and pension card holder – please informed front desk, reduced rate will be applied.
- Postop within 6 weeks – no extra charges.

Other Consulting Suite

Epworth Eastern
 17/1 Arnold Street
 Box Hill VIC 3128
 PH: 03 9895 7566
 FAX: 03 9895 7607

Fees

The fee structure for the specialists for **Dr Sarah Birks** is listed below. It is based on rebates available under the Medicare Benefits Schedule as well as current market rates. We strive to keep our fees lower than those recommended by the Australian Medical Association for specialist consultations.

The amount you are billed depends on whether you are a new patient or returning for a review.

Fees may be paid via EFTPOS or Cash.

Type of appointment	Duration of appointment	Amount you are billed	Medicare Rebate	Amount you are out of pocket
New patient, standard consultation (104)	40 minutes	\$180	\$75.05	\$104.95
Review Patient, standard consultation (105)	15 minutes	\$100	\$37.70	\$62.30

- Health care card – please informed front desk, reduced rate will be applied.
- Postop within 6 weeks – no extra charges.

Other Consulting Suite

Brighton Specialist Centre

110 Bay Street
 Brighton VIC 3186
 PH: 03 9021 8833
 FAX: 03 9596 3291