

PATIENT REGISTRATION FORM

TITLE: _____ SURNAME _____
 GIVEN NAMES _____ DATE OF BIRTH _____
 TELEPHONE (HOME) _____ (MOBILE) _____
 EMAIL ADDRESS _____
 ADDRESS _____ POSTCODE _____

INDIGENOUS STATUS (Select all that apply)

Aboriginal Torres Strait Islander Neither Not Stated

MEDICARE _____ REF # _____ EXP _____

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VETERAN'S AFFAIRS (IF APPLICABLE) _____ GOLD WHITE BLUE

Do you have private health insurance with hospital cover? YES NO If Yes:

NAME OF FUND _____ MEMBERSHIP No. _____

NEXT OF KIN _____ RELATIONSHIP TO PATIENT _____

TELEPHONE _____

PARENT/GUARDIAN DETAILS (If patient is under 18 years old)

NAME _____ DATE OF BIRTH _____

ADDRESS _____ POST CODE _____

MEDICARE _____ REF # _____ EXP _____

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HOW DID YOU HEAR ABOUT US? (select one)

GP Other Specialist Friend / Word of Mouth Melb ENT Group Website
 Google Facebook LinkedIn Other

DO YOU CONSENT TO THE FOLLOWING? (please tick)

Receive SMS Text messages Receive Emails

CONSULTATION FEES

Description	Fee	Medicare Rebate	Out of pocket (approx.)
New Consultation – In-Person	\$225	\$76.15	\$148.85
Review – In-Person	\$125	\$38.25	\$86.75
New Consultation- Videoconference	\$138.25	\$88.25	\$50.00
Review - Videoconference	\$94.35	\$44.35	\$50.00
New Consultation - Telephone	\$138.25	\$88.25	\$50.00
Review - Telephone	\$94.35	\$44.35	\$50.00
Ear Toilet	\$165	\$96.35	\$68.65
Nasendoscopy	\$205	\$107.70	\$97.30
Nasal cauterisation	\$145	\$78.90	\$66.10
Stroboscopy	\$255	\$188.55	\$66.45
Nasal FB Removal	\$125	\$68.00	\$57.00
Trans-nasal Bronchoscopy	\$255	\$156.10	\$98.90
Home Delivery Home Oximetry	\$155	N/A	\$155
Intra-Tympanic Steroid	\$300 for 1 st injection \$200 for subsequent	N/A	\$300 \$200

- Prices correct as of 1st July 2020 and subject to change without previous notice.

Initial Consultation

Your first consultation fee will be \$225 with \$50 paid upon booking and \$175 remaining to be paid on the day of your appointment. If you have a valid referral you will receive a \$75.05 Medicare rebate that can be lodged at the time of your appointment.

Review Consultation

Your additional consultation fee will be \$125 with \$50 paid upon booking and \$75 remaining to be paid on the day of your appointment. Please note that if any procedures are performed during the consult this will occur an additional fee. If you have a valid referral you will receive a \$75.05 Medicare rebate that can be lodged at the time of your appointment.

Additional Costs

Please note that if any procedures are performed during your consultation (e.g. nasal endoscopy, nasal cautery, ear toilet), additional charges will apply. See our website for further fee details (<https://melbentgroup.com.au/patient-registration-form/>)

Consultation Deposit

Thank you for payment of your consult confirmation deposit. This deposit is non-refundable however we are happy to transfer it to another day if you need to reschedule your appointment more than two days prior. Rescheduling the appointment less than 2

days prior, not arriving to your scheduled appointment or cancelling the appointment all together within 2 days of your scheduled appointment will result you forfeiting your deposit.

You will receive a text message reminder of your appointment several days prior. Please advise us as soon as possible if you cannot make the scheduled booking, so that we may offer this appointment to one of the patients on our waiting list.

COVID-19 Additional Conditions

- i) All patients will be required to complete and return a COVID-19 screening questionnaire prior to their appointment – a completed questionnaire is a **MEG Condition of Entry**
- ii) All patients will be required to undergo a Temperature check when attending their appointment – a Temperature less than 37.5°C is a **MEG Condition of Entry**
- iii) All patients will be required to wear a face mask when attending their appointment - wearing a face mask to your appointment is a **MEG Condition of Entry**

By signing this document you acknowledge our Consulting fees, deposit terms, and agree with our Cancellation & Privacy Policy. Should you have any queries please contact the front desk staff or visit our website before signing this document.

Additionally, you acknowledge the additional measures required of us by health authorities during the COVID-19 pandemic to protect you, our staff, and the greater community.

SIGNATURE OF PATIENT (OR RESPONSIBLE GUARDIAN) _____ **DATE** _____