

### PATIENT REGISTRATION FORM

**TITLE:** Mr / Mrs / Dr / Ms / Miss / Master / Other \_\_\_\_\_ **SURNAME** \_\_\_\_\_

**GIVEN NAMES** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

**TELEPHONE (HOME)** \_\_\_\_\_ **(MOBILE)** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **POSTCODE** \_\_\_\_\_

**PREFERRED PRONOUNS:** She/Her / He/Him / They/Them / Other \_\_\_\_\_

**INDIGENOUS STATUS (Select all that apply)**

Aboriginal       Torres Strait Islander       Neither       Not Stated

**MEDICARE**

--	--	--	--

--	--	--	--	--	--	--	--

**REF #**

--

**EXP**

--	--	--	--	--	--	--	--

**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.** \_\_\_\_\_

**Usual GP:** \_\_\_\_\_ **Name of Practice:** \_\_\_\_\_

**Address of Practice:** \_\_\_\_\_

**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**

--	--	--	--	--	--	--	--

**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.) after Medicare rebates
Consultation Deposit Fee	\$50	N/A	N/A
<b>104</b> New Consultation – In-Person	\$225 (\$175 if deposit paid)	\$76.80	\$148.20
<b>105</b> Review – In-Person	\$125	\$38.60	\$86.40
<b>91822</b> New Consultation- Videoconference	\$138.25	\$88.25	\$50.00
<b>91823</b> Review - Videoconference	\$94.35	\$44.35	\$50.00
<b>91832</b> New Consultation - Telephone	\$138.25	\$88.25	\$50.00
<b>91833</b> Review - Telephone	\$94.35	\$44.35	\$50.00
<b>41647</b> Ear Toilet	\$165	\$97.20	\$67.80
<b>41764</b> Nasendoscopy	\$205	\$108.65	\$96.35
<b>41677</b> Nasal cauterisation	\$145	\$79.65	\$65.35
<b>41501</b> Stroboscopy	\$255	\$164.15	\$90.85
<b>41659</b> Nasal FB Removal	\$125	\$68.60	\$56.40
<b>38419</b> Trans-nasal Bronchoscopy	\$255	\$156.10	\$98.90
<b>41626</b> Intra-Tympanic Steroid	\$300 for 1 <sup>st</sup> injection \$200 for subsequent	\$127.40	\$172.60 \$72.60
<b>18244</b> Superior Laryngeal Nerve Block	\$150	\$89.20	\$60.80

- Prices correct as of July 2021 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 \$76.15 Medicare rebate that can be lodged at the time of your appointment.

**Review Consultation**

Your additional review consultation fee will be \$125 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 \$38.25 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/>)



Suite G2, 173 Lennox Street  
RICHMOND, VIC, 3121  
Ph 1300 952 808 Fax (03) 9429 3627  
admin@melbentgroup.com.au  
ABN 88 181 798 030

---

### **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.

*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.*

**SIGNATURE OF PATIENT (OR RESPONSIBLE GUARDIAN)** \_\_\_\_\_ **DATE** \_\_\_\_\_