

PATIENT REGISTRATION FORM

TITLE: Mr / Mrs / Dr / Ms / Miss / Master / Other _____

YOUR PREFERRED PRONOUNS: She / Her He / Him They / Them Other

GIVEN NAMES _____ SURNAME _____

DATE OF BIRTH _____ TELEPHONE _____

EMAIL ADDRESS _____

ADDRESS _____ POSTCODE _____

INDIGENOUS STATUS (Select all that apply)

Aboriginal Torres Strait Islander Neither Not Stated

| | | | | | | | | | | | | | | | |
|---|-------|-----|--|--|--|--|--|--|--|--|--|---|--|--|--|
| MEDICARE | REF # | EXP | | | | | | | | | | | | | |
| <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> </tr> </table> | | <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 100px; height: 20px;"></td> </tr> </table> | |
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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. _____

USUAL GP: _____ Name of Practice: _____

Address of Practice: _____

NEXT OF KIN _____ RELATIONSHIP TO PATIENT _____

TELEPHONE _____ DATE OF BIRTH: _____

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

NAME _____ DATE OF BIRTH _____

ADDRESS _____ POST CODE _____

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|---|-------|-----|--|--|--|--|--|--|--|--|--|---|--|--|--|
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HOW DID YOU HEAR ABOUT US? (select one)

GP Other Specialist Friend / Word of Mouth Melb ENT Group Website
 Google Social Media Dentist Other

DO YOU CONSENT TO THE FOLLOWING? (please tick)

Receive SMS Text messages Receive Emails

CONSULTATION FEES - Prices correct as of July 2023 and subject to change without previous notice.

| DESCRIPTION | FEE | MEDICARE REBATE | OUT OF POCKET (APPROX) |
|--|--|----------------------|------------------------|
| 104 New Consultation – In-Person | \$225 | \$80.85 | \$144.15 |
| 105 Review – In-Person | \$125 | \$40.65 | \$84.35 |
| 91822 New Consultation- Videoconference | \$138.25 | \$80.85 | \$57.40 |
| 91823 Review - Videoconference | \$94.35 | \$40.65 | \$53.70 |
| 91832 New Consultation - Telephone | \$138.25 | \$76.80 | \$61.45 |
| 91833 Review - Telephone | \$94.35 | \$40.65 | \$53.70 |
| **41647 Ear Toilet | \$165 | \$102.30 | \$62.70 |
| **41764 Nasendoscopy (camera Nose/throat) | \$205 | \$114.35 | \$90.65 |
| **41677 Nasal cauterisation | \$145 | \$83.85 | \$61.15 |
| **41501 Stroboscopy | \$255 | \$172.80 | \$82.20 |
| **38428 Trans-nasal Bronchoscopy | \$400 | \$229.50 | \$170.50 |
| **41626 Intra-Tympanic Steroid | \$300 for 1 st injection \$200 for subsequent injections | \$134.10 \$134.10 | \$165.90 \$65.90 |
| **18244 Vagal Nerve Block | \$150 | \$93.90 | \$56.10 |
| Nasal FB Removal (item number TBA) | \$125 | \$68.00 | \$57.00 |

AUDIOLOGY PROVIDED BY RICHMOND AUDIOLOGY --- [HTTPS://WWW.EASTERNAUDIOLOGY.COM.AU/LOCATION/RICHMOND/](https://www.easternaudiology.com.au/location/richmond/)

| | |
|--|-------|
| Private Patient-1hour | \$180 |
| Specialist Patient-30min / . Review ½ hour (\$100) | \$140 |

Initial Consultation

Your first consultation fee will be \$225 with \$50 paid upon booking and the balance remaining to be paid on the day of your appointment. If you have a valid referral you will receive a 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, new or review (e.g. nasal endoscopy, nasal cautery, ear toilet), additional charges will apply** on top of the consultation fees, with the whole account being payable on the day.

The practice does not bulk bill, nor offer payment plans. See our website for further fee details:

[\(https://melbentgroup.com.au/patient-registration-form/\)](https://melbentgroup.com.au/patient-registration-form/)

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** _____