

### 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 \_\_\_\_\_

MEDICARE   REF #  EXP

VETERAN'S AFFAIRS (IF APPLICABLE) \_\_\_\_\_ [ ] GOLD [ ] WHITE [ ] BLUE

Do you have private health insurance with hospital cover? [ ] YES [ ] NO If Yes, pls complete below:

NAME OF HEALTH FUND \_\_\_\_\_ MEMBERSHIP No. \_\_\_\_\_

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

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ POST CODE \_\_\_\_\_

MEDICARE   REF #  EXP

USUAL GP: \_\_\_\_\_ Name of Practice: \_\_\_\_\_

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

Do have any known allergy to medications:

[ ] No

[ ] Yes, if yes, please describe \_\_\_\_\_

NEXT OF KIN \_\_\_\_\_ Relationship to the patient \_\_\_\_\_

Telephone \_\_\_\_\_

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 [ ] AI Transcription software

*Please turn over page*

**CONSULTATION FEES** - Prices correct as of April 2024 and subject to change without previous notice.

| ITEM NUMBER | DESCRIPTION                                   | FEE             |
|-------------|---|-----------------|
| 104         | New Consultation – In-Person                  | \$250           |
| 105         | Review – In-Person                            | \$160           |
| 91822       | New Telehealth Consultation – Videoconference | \$180           |
| 91823       | Review Telehealth – Videoconference           | \$120           |
| 91833       | Review Telehealth - Phone                     | \$100           |
| **41764     | Nasendoscopy (camera Nose/throat)             | \$240           |
| **41647     | Ear Toilet                                    | \$180           |
| **41677     | Nasal cauterisation (Blood Nose)              | \$200           |
| **41501     | Stroboscopy                                   | \$300           |
| **38428     | Trans-nasal Bronchoscopy                      | \$500           |
| **41626     | Intra-Tympanic Steroid Injection              | \$350/injection |
| **18244     | Vagus Nerve Block                             | \$200           |
| N/A         | Olfactory and Gustatory Objective testing     | \$300           |

AUDIOLOGY PROVIDED BY HELIX HEARING --- <https://www.helixhearing.com.au/location/richmond/>

|   |       |
|---|-------|
| New Patent Adult Assessment with MEG ENT Referral | \$140 |
| Review Adult Assessment with MEG ENT Referral     | \$140 |
| Child Assessment with MEG ENT Referral            | \$105 |

**Initial Consultation**

- All New Patient consultation bookings at Melbourne ENT Group are secured with a \$50 deposit paid at the time of booking
- All fees – consultation and procedural - are payable in full at the time of consultation – this includes **any procedures that are performed during your appointment with the specialist (e.g. \*\*nasal endoscopy, nasal cautery, ear toilet)**
- If you have a valid referral from your GP, Specialist or Dentist you may be eligible for a Medicare rebate after the consultation
- The practice does not bulk bill, nor offer payment plans
- See our website for further fee details: (<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** \_\_\_\_\_