Adelaide Plastic Surgery Associates Patient Information

SURNAME:_____FIRST NAME:_____

ADDRESS:_____

SUBURB:_____ POST CODE:_____ DATE OF BIRTH:_____

PHONE: HM_____ WK_____ MOB_____

OCCUPATION:_____ **The number next to your name**

Medicare Number __ __ __ __ __ __ __ __ __ __ Ref No ___ Expiry Date ___/_____

Please supply your email address if you are happy to receive information/newsletters from us

EMAIL ADDRESS ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Name and address of person responsible for payment (if patient under the age of 18)

_____D.O.B. _____

Private Health Insurance Fund name_____ Membership number:_____

Aged Pensioner? Yes/No Pension number:_____

DVA card / Gold card? Yes/No SX number:_____

Is this a Workcover claim? Yes/No Claim number:_____

If yes, Name and Address of employer:_____

_____

Local Doctor Name: _____ Address: _____

Are you allergic to any drugs, food, sticking plasters or other substances? _____

All fees are payable in full on the day of consultation (we do not accept health cards)

Non-Cosmetic Consultation	Cosmetic Consultation	Pensioner Consultation
Initial consultation is $135.00	Initial consultation is $150.00	Initial consultation is $80.00
Follow up consultation is $65.00	Follow up consultation is $75.00	Follow up consultation is $45.00

If surgery is required "in rooms under local anaesthetic" and you have Private Hospital Cover your procedure may be eligible to be processed through your private fund. Patients with no Private Insurance will be charged a Theatre Facility Fee of up to $200, which cannot be claimed through Medicare. Most reconstructive surgery performed in hospital or a recognised Day Surgery Facility is charged through the Health Funds at their No Gaps Rate, though a payment may be levied by the Aneasthetist and the Assistant. Please discuss these fees with a member of staff if you are unsure.

Privacy

Adelaide Plastic Surgery Associates is bound by the Privacy Act 1988 and the National Privacy Principles and deals with personal information in accordance with such principles. This Privacy Policy has been established in accordance with National Privacy Principle 5.1 & 5.2. The National Privacy Principles can be obtained through the website of the office of the Federal Privacy Commissioner (http:/www.privacy.gov.au)
For further information re your privacy and your rights to your medical information please ask a member of our staff?

How did you hear about Adelaide Plastic Surgery Associates?_____

Are you happy for photographs to be taken and stored as part of your medical record? Yes/No

I consent to my medical records to be shared with other practitioners involved in my care Yes/No

If surgery is necessary as a result of consultation(s), **I accept responsibility to find out all aspects of that surgery, including risks, possible complications and fees incurred before agreeing to any procedures**.
I also agree that any expenses, costs or disbursements incurred by the practice in recovering any outstanding monies including debt collection fees or solicitors costs shall be paid by myself. In the event of a workcover/3rd party claim not proceeding the patient will be responsible for full payment of this account

SIGNED:_____ DATE;_____