

PATIENT INFORMATION

Collected for Dr.D.J.Hall (Spinal Surgeon)

SURNAME..... FIRST NAMES..... MR / MRS / MISS / MS / DR
ADDRESS..... POST CODE.....
DATE OF BIRTH..... (AGE)..... OCCUPATION.....
TELEPHONE:(HOME)..... (WORK)..... (MOBILE).....
EMAIL.....

PRIVATE HEALTH FUND:..... Membership No.....

Medicare No: _ _ _ _ _ Number next to name month year
No. on card: () Expiry: _ / _ / _

Age Pension No..... Expiry: _ / _ / _ Veterans Affairs No.....
(Veterans - please enter Medicare No on line above as well)

REFERRING DOCTOR.....
ADDRESS.....

FAMILY DOCTOR.....
ADDRESS.....

IS THIS A WORKERS' COMPENSATION CLAIM? - YES/NO

IS THIS A THIRD PARTY OR PERSONAL INJURY CLAIM? - YES/NO

Dr. Hall's fees, payable in full at time of consultation, are as follows:-

Initial consultation - \$200.00 (or \$140 – age pensioner) Medicare Rebate: \$73.85 (gap \$126.15 or \$66.15 age pensioner)
Follow-up consultation - \$120.00 (or \$80 – age pensioner) Medicare Rebate: \$37.15 (gap \$ 82.85 or \$42.85 age pensioner)

Dr. Hall is registered to render Ezyclaim Accounts to the Private Funds for operations and inpatient visits. Dr. Hall's secretary attends to those accounts.

A co-payment of \$200 for percutaneous procedures such as facet rhizolysis, etc. will apply – to be paid prior to surgery.
A co-payment of \$500 per open procedure will apply – to be paid prior to surgery.
A co-payment for complex reconstructive procedures may be higher and will be discussed at consent for surgery.
Co-payments are not covered by your Private Health Insurance or Medicare.

Some health funds do not allow a co-payment and therefore we cannot use Ezyclaim for these health funds and the patient must be billed direct. Unfortunately this means that for some patients the out of pocket gap for open surgery may be \$2000 or more and for percutaneous procedures \$600 or more.

Dr Mark Williams from Stace Anaesthetists may also issue a copayment account –up to \$100 for open surgery or up to \$50 for percutaneous procedures.

Dr. Hall has an assistant at most operations usually a Spinal Fellow from RAH or Professor Brian Freeman who will bill you separately but with no gap.

I UNDERSTAND THAT THE ACCOUNT IS TO BE PAID IN FULL ON THE DAY.
I ALSO UNDERTAKE TO PAY ALL DEBT COLLECTION EXPENSES INCURRED RESULTING FROM MY DEFAULT ON ALL OVERDUE AMOUNTS.
I CONSENT TO THE RELEASE AND COMMUNICATION OF INFORMATION BETWEEN DR. HALL AND OTHER MEDICAL PROVIDERS RELATING TO MY ASSESSMENT AND ONGOING CLINICAL MANAGEMENT.
I UNDERSTAND, FOR ADMINISTRATIVE PURPOSES, INSURERS, MEDICARE AND THE HEALTH INSURANCE COMMISSION MAY NEED TO BE CONTACTED FROM TIME TO TIME. I ALSO UNDERSTAND THAT INFORMATION COLLECTED DURING THE ASSESSMENT PROCESS MAY BE USED ANONYMOUSLY FOR ONGOING CLINICAL RESEARCH. A COMPLAINTS POLICY FOR THIS PRACTICE IS IN PLACE – REFER TO SECRETARY.

Name:(please print)..... Signature..... Date.....