EAST ST KILDA EYE CLINIC

DR GARY L LEBER
EYE SURGEON
034880BH

DR PHILIP HOFFMAN
EYE SURGEON
219165CY

DR NICOLAOS MANTZIOROS
EYE SURGEON
036570QA

DR BENJAMIN AU
EYE SURGEON
583203EB

85 Hotham Street, St Kilda East VIC 3183
Tel: 9525 9455 Fax: 9525 9293
E: reception@eye-clinic.com.au W: www.eye-clinic.com.au

CONFIDENTIAL PATIENT REGISTRATION (CHILD)

Child Information

Title (circle) Mr Miss Mast Other: _____

Surname: _____ Given Name: _____ DOB: _____

Address: _____ Suburb: _____ Postcode: _____

Medicare Details

Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Ref (before name): _____ Exp: _____/_____

(If applicable) ***Pension Card Number:*** _____ Exp: _____

(If applicable) ***Health Care Card Number:*** _____ Exp: _____

Parent Information

Title (circle) Mr Mrs Ms Miss Dr Prof Other: _____

Surname: _____ Given Name: _____ DOB: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: Home: _____ Work: _____ Mobile: _____

Email: _____

Medicare Details

Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Ref (before name): _____ Exp: _____/_____

(If applicable) ***Pension Card Number:*** _____ Exp: _____

(If applicable) ***Health Care Card Number:*** _____ Exp: _____

Private Health Insurance

Fund Name: _____Membership Number: _____

GP Details : ☐ as per referral

DR: _____ Clinic Name: _____

Phone:_____ Address: _____

Optometrist Details: (if known) ☐ as per referral

Name: _____ Business Name: _____

Consultation Fees

You will be charged ONE of the consultation fees listed below depending on your circumstances

	Full Fee	Pensioner	Health Care Card	Medicare Rebate
Initial Consultation (104):	$320.00	$180.00	$200.00	$86.15
IC 9 years or younger (104):	$420.00	$300.00	$300.00	$194.10
Review Consultation (105):	$175.00	$120.00	$120.00	$43.35
Long term review (105l):	$320.00	$180.00	$200.00	$43.35

PLEASE NOTE: Any tests or procedures additional to the consultation fee will be advised.

Common Tests	**Full Fee**	**Pensioner**	**Health Care Card**	**Medicare Rebate**
OCT	$210.00	$110.00	$140.00	NO REBATE
Visual Fields	$290.00	$140.00	$150.00	$67.25
A Scan (for cataract surgery)	$370.00	$220.00	$240.00	$102.85

Agreement

I understand that this Practice handles personal information in accordance with the National Privacy Principles enshrined in the Commonwealth Privacy Act 2012.

I may gain access to my medical information, or provide permission for others to do so, by contacting East St Kilda Eye Clinic with a written and signed request.

I consent to the handling and sharing of my information by this Practice for the purpose of my health care, and for any associated administrative and billing purposes. I agree that photos/images may be obtained for my treatment, and for my Medicare or health fund requirements.

I hereby agree to pay all associated fees relating to my consultation/s, tests and/or surgery or other expenses incurred in my treatment. I acknowledge that if an account is overdue, the Practice reserves the right to refer the account to a Collection Agency. I agree to meet all costs and commissions incurred in employing the said Agency to collect the overdue account.

I have read, understood and agree to all the above.

Parent Signature: _____ Date: _____ / _____ / 20_____