

Dr Melissa Wong
 PATIENT REGISTRATION DETAILS
 (PLEASE PRINT CLEARLY)

SURNAME *as on Medicare Card		PREFERRED TITLE:	
GIVEN NAME *as on Medicare Card		Preferred Name - (known as)	
DATE OF BIRTH			
ADDRESS			
		Postcode	
TELEPHONE	Home:	Work:	
	Mobile:	Please tick the box if you <u>DO NOT</u> wish to receive SMS	
Referring Doctor			
MEDICARE NUMBER		Patient Ref No:	Expiry:
Name of Private Hospital Fund (NOT EXTRAS)		Hospital Fund Membership Number:	
AGE PENSION NUMBER:		Expiry Date	
NEXT OF KIN:		Relationship:	
NEXT OF KIN CONTACT NUMBER:			
FERTILITY PATIENTS PLEASE SUPPLY PARTNER DETAILS BELOW			
PARTNER NAME		PARTNER DATE OF BIRTH	
PARTNER ADDRESS		PARTNER PHONE NUMBER	
PARTNER MEDICARE NO			
<u>Consent for use of information.</u>			
I confirm that the information I have given (on this form) is correct. I consent to sharing of all relevant information between the general practitioners, specialists, nurse practitioners, nurses, allied health providers and non-clinical staff for the purpose of managing my health. I understand this information will be used to fulfil their duties in the course of planning and managing my health care.			
<u>PLEASE NOTE</u>			
Consultations are billed above the schedule fee. Initial Consultation will incur a fee of \$265.00 (Medicare rebate \$86.15. Review Consultation: \$160.00 (Medicare rebate \$43.35). Age Pensioners are charged at a reduced rate. Initial Consultation: \$210.00. Review Consultation 110.00. Fees are subject to change without notification. Procedures performed at the time of consultation will incur an extra fee. <u>I understand the fees involved and agree to settle the account.</u>			
We adhere to the Health Privacy Principles (the HPPs as set out in the <i>Health Records Act (Vic) 2001</i>) and the National Privacy Principles, (the NPPs as set out in the <i>Privacy Act (Cth) 1988</i>). A copy of our Privacy Policy can be obtained on request.			
In the event of failure to pay the whole amount due within 7 days of being so requested by Dr. M. Wong in writing, then we shall be at liberty to instruct a collection agency to recover the monies outstanding and you shall be liable for the costs incurred relating to the recovery of such sum.			
SIGNATURE:		Date:	