

PENINSULA RHEUMATOLOGY

Bone & Joint Specialists

Peninsula Consulting Suites, Suite 3, 35 Cranbourne-Frankston Rd, Langwarrin, Victoria 3910
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Tel: (03)9776 5000 Fax: (03) 9776 5099

Dr Juan Aw MBBS FRACP
Consultant Physician & Rheumatologist

Dr Emily Ong MBBS (Hons) FRACP
Consultant Physician & Rheumatologist

Dr Winston Chang MBChB FRACP
Consultant Rheumatologist & Internal Medicine Physician

Dr Bitu Omidvar MBBS FRACP
Consultant Physician & Rheumatologist

Dr Champa Nataraja MBBS FRACP PhD
Consultant Physician & Rheumatologist

PATIENT REGISTRATION FORM

Mr/Mrs/Miss/Ms/Dr/Prof (please circle) SURNAME: _____

GIVEN NAME (s): _____ PREFERRED NAME: _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

SUBURB: _____ STATE: _____ POSTCODE: _____

POSTAL ADDRESS (if different to street address): _____

TELEPHONE: (H): _____ (W): _____ (M): _____

EMAIL: _____

MEDICARE No: _____ REF NO: _____ EXP: _____ / _____

DVA NO: _____ GOLD/WHITE (please circle) EXP: _____ / _____

CENTRELINK/PENSION/HEALTH CARE CARD NO: _____ EXP: _____ / _____

NAME, ADDRESS & TELEPHONE NUMBER OF LOCAL GP (if they are not the referring doctor):

NEXT OF KIN (in case of emergency): _____

RELATIONSHIP: _____ CONTACT NUMBER: _____

Please complete the following if a third party (including Workcover & TAC), are financially responsible for account payment (inclusive of consultation & cancellation fees):

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

WORKCOVER: INSURANCE COMPANY: _____

NAME OF EMPLOYER: _____

CLAIM NUMBER: _____ DATE OF ACCIDENT: _____

TAC CLAIM NUMBER: _____ DATE OF ACCIDENT: _____

PLEASE TURN OVER

FEES

Please note this practice does not charge the Medicare schedule of fees. We do not Bulk Bill. Our fees are as follows:

Item Number	Private fee	Pension/HCC fee	Medicare Rebate
132 Initial Assessment	\$425.00	\$355.00	\$236.95
110 Consultation	\$300.00	\$230.00	\$135.45
133 Review Assessment	\$215.00	\$180.00	\$118.65
116 Review	\$146.00	\$116.00	\$67.80
Joint Injection	\$60.00	\$35.00	Non-rebatable

- Fees are indicative only and are subject to change.
- Items 132 & 133 are for chronic/complex care. Your Specialist will decide at your appointment which MBS item number is appropriate for your visit.
- Patients who have not been seen for 12 months or more may be charged an initial consultation fee.
- If there is financial difficulty with payment, please discuss your account with staff prior to your appointment.

TERMS

1. Payment in full is required on the day of consultation. Payment can be made only by EFTPOS, Visa, Mastercard
2. An account keeping fee will be imposed on overdue accounts.
3. Overdue invoices that are referred to a Collection Agency or Solicitor will have legal costs and commission (up to 25%) added to the account.

CANCELLATIONS

Should you need to reschedule or cancel your appointment, please inform us at least 24 hours prior to your appointment time. This will assist in allocating the appointment to patients on our waiting list. We reserve the right to charge you a non-attendance fee, which is not eligible for a Medicare rebate

Appointments cancelled without prior notification will require pre-payment to secure another consultation booking.

PRIVACY

The practice complies with Privacy legislation and has a written policy which is available on request.

CONTACTING US

If you have any queries or concerns please do not hesitate to contact the practice as detailed above.

DO YOU GIVE US PERMISSION TO SMS YOU PRIOR TO YOUR APPOINTMENTS? **Y / N**

DO YOU GIVE US PERMISSION TO CONTACT YOUR NEXT OF KIN IF WE CANNOT CONTACT YOU? **Y / N**

STATEMENT:

I certify that the above information to be true to the best of my knowledge. I undertake to be responsible for payment of fees except where it has been acknowledged by the practice that full payment of the fees will be accepted from a third party organisation. In the event where an overdue account is referred to a collection agency and/or law firm, I will be liable for all costs which would be incurred as if the debt is collected in full, including legal demand costs. I agree to the terms and conditions outlined above:

SIGNED: _____ **(patient/guardian)**

DATED: _____