

## Dr SAM HALL - Patient Information Sheet

Mr Mrs Miss Ms Dr \_\_\_\_\_  
(Surname) (First names)

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Medicare No: \_ \_ \_ \_ \_ Position on card: \_\_\_\_ (no in front of name)

Occupation: \_\_\_\_\_ Usual GP: \_\_\_\_\_

Email Address: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Mobile: \_\_\_\_\_

Do you have private hospital insurance? Yes / No **EXTRAS ONLY WILL NOT COVER**

Have you had hospital cover for more than 12 months? Yes / No

*If you answered no then a quote will be supplied to you if you have a procedure booked as you may not be covered by your health fund.*

Health Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

Are you in receipt of a Government pension? Yes / No

If yes, which pension applies to you? Age Pension No: \_\_\_\_\_

Disability/Support Pension No: \_\_\_\_\_

Veterans' Affairs No: \_\_\_\_\_

I understand Medicare will not cover the entire cost of my consultation and that there is always a gap above the Medicare refund I am liable to pay. For patients with private hospital insurance Ezyclaim or Gap Cover is used in this practice with most of the funds and hospital accounts are billed directly to the fund for reimbursement. Self-insuring patient or those who have no private hospital insurance will be quoted prices prior to procedures and on request. (Please ask for this before leaving if not given)

*I am aware this practice does not accept Workcover patient claims (please tick)*

**Payment in full on the day of your appointment is requested**

Service	Full Fee	Gap
Initial visit/ New Referral <small>(Including Telephone Appt)</small>	\$280.00	\$128.10
Review <small>(Including Telephone Appt)</small>	\$172.00	\$96.00
Pensioner – Initial visit/ New Referral <small>(Including Telephone Appt)</small> Upon card presentation	\$260.00	\$108.10
Pensioner – Review <small>(Including Telephone Appt)</small> Upon card presentation	\$152.00	\$76.00
Bowel Preparations <small>(No rebate)</small>	Type A \$15.00	Type B/C \$20.00

<b>Known Allergies?</b> Yes / No
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<b>Medications?</b> Yes / No
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Under the current Private Act, I authorize Dr Hall to make available information to my referring doctor as necessary.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_