

PATIENT REGISTRATION DETAILS

Surname: _____ Mrs / Miss / Ms
First Name: _____ DOB: _____
Address: _____
Suburb: _____ Postcode: _____
Telephone: (H): _____ (W): _____ (M): _____
Medicare No: _____ Your Reference: _____ Expiry: _____
Health Fund: _____ Membership No: _____
Referring Doctor: _____
LMP: _____ EDD: _____

PARTNERS DETAILS

Surname: _____
First Name: _____ DOB: _____
Telephone: (H): _____ (W): _____ (M): _____
Medicare No: _____ Your Reference: _____ Expiry: _____

Hospital for Confinement:

Cabrini Private Hospital	<input type="checkbox"/>
Jessie McPherson Private Hospital	<input type="checkbox"/>
Waverley Private Hospital	<input type="checkbox"/>
Private Patient in Public Hospital	<input type="checkbox"/>

Fees for this Practice

Item No. 104 (Initial Consultation)	\$150.00 (Medicare rebate \$70.00)
Item No. 105 (Subsequent Consultation)	\$ 75.00 (Medicare rebate \$35.15)
Item No. 55733 (Ultrasound if clinically indicated)	\$ 35.00 (Medicare rebate \$29.75)

Please Note: The above fees are for Gynaecology patients only. All obstetric fees can be obtained by phoning 1300 121 000 or through our website www.monashobstetrics.com.au.

This practice does not bulk bill. There will be a gap between the Medicare Rebate and the amount charged.

I agree to the above fees and charges and authorise the use of fax/mail/SMS for sending and receiving of messages/medical reports if required for my ongoing care.

Signed: _____ Date: _____