Dr Jai Eye Centre
BECAUSE VISION IS PRECIOUS

21 WALKER STREET, BUNDABERG QLD 4670

Tel : (07) 4152 4922

Fax : (07) 4151 6408

PATIENT INFORMATION

Title **Mr / Mrs / Ms /Miss / Mstr / Other :**

(Circle appropriate title)

Surname

Given Names

Date of Birth **If a *minor*, Pl state legal Guardian**

Address **Residential**

Postal

Email

Telephone : **Home** ( ) **Work** ( ) **Mobile**

*** Next of Kin** **Relationship to patient** **Contact phone No**

Name of GP **Optometrist**

Name of Practice

Is a referral attached ? **YES** **NO**

Medicare Number **Expiry Date** **#Ref**

DVA Number **Expiry Date**

Pensioner Number **Valid To**

Do you have Private Health Insurance? **YES** **NO**

If *Yes*, Name of Provider **Membership No** **# Ref**

(Eg MBF, HCF)

Your Occupation

Signature **Date**

Print Name : .....

**** -- I agree to the nominated* NEXT OF KIN *being contacted in the event of an emergency***

 # - -The numerical order in which the patient's name is listed

(Please turn page over)

Please read and sign the ***declarations*** under **SECTION A** (Privacy Statement) and **SECTION B** (Financial consent)

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SECTION A (Privacy)

- Privacy rights protect the way your health information is handled by private service providers. Queensland Eye Specialists complies with the Privacy Act 2012 which sets out the standards that must be abided by when collecting, using, disclosing and storing your health information.
- Your health information may be shared between health service providers directly related to your treatment and care, for example Pathology (blood tests), X-Ray, Hospital.

YOUR PRIVACY RIGHTS *Mean*……..:

- You are told about what happens to your health information
- You have more choice and control over your information
- You can ask to see what is in your health record and ask for it to be corrected if you believe it to be wrong.
- You are not required to share information that you do not want to, however this may affect our ability to offer you appropriate treatment.

ACCESS

- In most circumstances you have the right to access the records we hold about you. You can ask for copies if required, but there may be some charges to cover administration costs.

DECLARATION

I have read and understood the provisions under Privacy Act

Signature ____________________ **Date** ____________

Print Name :…………………………………………………………………

SECTION B ….*Financial consent*- (*All figures and numbers are estimates only. Actuals may vary*)

- Please be aware that we are ***not a bulk billing practice***. Payment for service must be settled on the day of consultation.
- If you have a pension card, you may be eligible for a discount as outlined below. Please present your pension card to Reception with this form.

CONSULTATION FEES (Estimates only. Actual charges may vary)

- Initial consultation/new referral consultation: ….$175 - $500 Non pensioner
  ……$145 - $445 Pensioner (Age-Pensioner only)
- Subsequent consultation/no new referral: ………….$135 - $450 Non pensioner
  …….$125 - $430 Pensioner (Age-Pensioner only)

ADDITIONAL COSTS

Fees listed above may vary dependent on the condition being treated and the type of consultation. Your condition may also necessitate extra testing or procedures to be performed in addition to your consultation. These will carry additional costs to those listed above. ***Please discuss testing procedure and / or treatment costs with the Nurse or Doctor, should this be an issue.***

Declaration

I hereby acknowledge that I am responsible for the payment of any account for consultation and / or Procedures performed. I am able to pay my account on the day of consultation as required by Queensland Eye Specialists

Signature ____________________ **Date** ____________

Print Name :…………………………………………………………………..

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