Mr. D. A. North Vascular and General Surgeon
44 Swanston St. Geelong 3220
ABN: 74699190667

PATIENT REGISTRATION FORM

PATIENT'S DETAILS – *please complete both sides*

FULL NAME ('Patient')

SURNAME

GIVEN NAMES

DATE OF BIRTH
DAY / MONTH / YEAR

GENDER *(PLEASE TICK)*
MALE ☐ FEMALE ☐

MARITAL STATUS *(PLEASE TICK)*
SINGLE ☐ MARRIED ☐ PARTNER ☐

EMAIL if applicable

DETAILS OF NEXT OF KIN

Information in this section is required in the case of emergency.

SURNAME

FIRST NAME

RELATIONSHIP

TELEPHONE- _____

Partner ☐ **Parent** ☐ **Sibling** ☐ **Other** ☐

RESIDENTIAL ADDRESS

UNIT

STREET NUMBER & NAME

CITY / SUBURB / TOWN

STATE

POSTCODE

*** PLEASE COMPLETE THIS SECTION IF YOU ARE PAYING ACCOUNTS FOR OTHER PEOPLE eg for a child.**

FULL NAME of person responsible for payment of account:

SURNAME

FIRST NAME

RELATIONSHIP to Patient *(PLEASE TICK)*

Parent ☐ **Spouse/Partner** ☐ **Other** ☐ **PHONE -** _____

RESIDENTIAL ADDRESS

UNIT

STREET NUMBER & NAME

CITY / SUBURB / TOWN

STATE

POSTCODE

PTO- please read and sign the next page.

OUR TERMS: In all instances please discuss any difficulties with payment under these terms with our reception staff.

1. Payment for consultations is required on the day of service.

2. If no notice is given a charge for non-attendance to appointments will be levied at 50% of our regular initial & subsequent consultation fees as applicable.

3. Patients who elect to self-fund their surgery agree to pay their account in full within 14 Days. (A payment plan can be agreed upon whereby payments will be made fortnightly until the account is cleared. If payments are not received within the agreed upon time, the matter will be referred to our collection agency, Prushka. The applicable commission rate for the amount unpaid is as detailed on www.prushka.com.au. In the event where the Practice or the Practice's agency refers the overdue account to a lawyer the Patient shall also pay as a liquidated debt the charges reasonably made or claimed by the lawyer on the indemnity basis).

4. The Patient accepts full liability for Workcover and TAC claims which are rejected.

5. Reference to the Patient includes reference to his heirs executors and permitted assigns and where there is more than one, shall include reference to each of them jointly and severally.

6. The Patient accepts liability for payment of all accounts incurred by the persons described above for the period until the patient advises in writing to the contrary.

7. In most cases, patients requiring in-hospital treatment will have no out-of-pocket costs. This depends on their level of cover as some Health Insurance companies offer a basic level of cover which is insufficient for private hospital accommodation and limited in even the public hospital setting. Patients are urged to check their level of cover to avoid 'bill shock'. Item numbers can be provided to assist the patient to ascertain their level of cover as required.

A copy of these TERMS are available on our website www.davidnorth.com.au

Signed by *(print full name)* .....

on ..... *(day)* ..... *(month)* ..... *(year)*.

By signing this form you accept the above terms.

……*(Please sign here)*