SPECIALIST
EYE SURGEONS

1/38 Margaret Street, Moonee Ponds, VIC 3039
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Confidential Patient Registration

*PLEASE ALLOW **UP TO 2 HOURS** FOR YOUR APPOINTMENT*

Personal Information

Title (circle) : Mr Mrs Ms Miss Mast AND Dr Prof Other:

Surname : ______________ Given Name: ______________ DOB: ______

Address: ______________________________ Postcode: ______

Phone: Mobile: __________ Work: __________ Home: __________

Email: ______________________________________

Medicare Details

Number: __ __ __ __ __ __ __ __ __ __ Number next to name: ___ Exp: ___/____

Next of Kin/ Emergency Contact

Full Name: ______________

Relation: __________ Contact Number: __________

I consent to my next of kin to enquire/obtain my information (circle): **YES** **NO**

I also allow these person(s) to enquire on my behalf:______________

Written consent will be required at any point should you decide to change who has access to your information.

Private Health Insurance

Fund Name: ______________ Membership Number: ______________

GP Details

DR: ______________ Clinic Name: ______________

Phone: __________ Address: ______________________

Optometrist Details

Name: ______________ Business Name: ______________

Phone: __________ Address: ______________________

PLEASE TURN OVER >>>

Consultation Fees

You will be charged ONE of the applicable consultation fees listed below.

Non-Concession	(Under 60yrs)	
Initial Consultation :	$270.00	(Rebate $76.15)
Review Consultation:	$140.00	(Rebate $38.25)

Concession	(60 and over, Disability Pensioner)	
Initial Consultation:	$220.00	(Rebate $76.15)
Review Consultation:	$120.00	(Rebate $38.25)

PLEASE NOTE: Any tests or procedures are additional to the consultation fee listed above.

Common Tests	Concession	Non-Concession	Medicare Rebate
OCT	$90	$120	NO REBATE
Visual Fields	$120	$160	$59.45
Topography	$90	$120	NO REBATE

(If applicable)
Disability Pension Card Number:______________________________ Exp:____________

(If applicable)
DVA Card Number:______________________________ Exp:____________

Agreement

I understand that Specialist Eye Surgeons (SES) handles personal information in accordance with the National Privacy Principles enshrined in the Commonwealth Privacy Act 1988.

I may gain access to my medical information, or provide permission for others to do so, by contacting SES with a written and signed request.

I consent to the handling and sharing of my information by SES for the purpose of my health care, and for any associated administrative and billing purposes. I agree that photos/images may be obtained for my treatment, and for my medicare or health fund requirements.
I also consent to the use of my information (including notes, photos, tests, and images) in accordance with privacy protection guidelines, for educational, teaching, presentation, or publication purposes.

I hereby agree to pay all associated fees relating to my consultation/s, tests and/or surgery or other expenses incurred in my treatment. I acknowledge that if an account is overdue, SES reserves the right to refer the account to a Collection Agency. I agree to meet all costs and commissions incurred in employing the said Agency to collect the overdue account.

I have read, understood and agree to all the above.

Signature: ______________________________ Date: _______ / ________ / 2020