



PATIENT REGISTRATION FORM

Please use BLOCK LETTERS

Personal Details

Title Given Names Surname

Address

Post Code

Date of Birth Occupation

Home Phone Work Phone

Mobile Email

Emergency Contact Relationship Phone

Claim Details

Medicare No. Reference No. Expiry Date

Private Health Fund Membership No.

Veteran Affairs Card No. Expiry Date

Pension / Health Care Card No. Expiry Date

Referring Practitioner

Name

Address Phone

General Practitioner (GP) (if not referrer)

Name

Address Phone

The Federal Privacy Act of 1998 requires that fully informed voluntary consent be obtained for the collection of health information. Quality medical care requires full knowledge of patient health information by all members of a medical team. For this reason, your information may be shared with other health providers. Some information may also be provided to Medicare and Private Health Funds for billing and rebate purposes. Health information may be used for 'secondary purposes' such as auditing clinical results and clinical research etc. These activities are a normal part of good medical practice. The privacy of the individual patient is strictly maintained when reporting results of audits or research.

I have read and understood the statement above and give permission for my medical records to be accessed by Victoria Heart staff. I further give my permission for my records to be used for the purposes of audit and research with the understanding that I would not be personally identified in any way. Any compliment / complaint is promptly acknowledged, discussed and recorded. After investigation the patient is informed of the outcome.

I agree to be personally liable for payment of all fees if any claim I have against any Health Fund, Work Cover or Third Party is rejected. Overdue accounts will be referred to a Debt Collection Agency. The costs incurred in obtaining payment will be added to the original outstanding amount.

Patient Signature: Date:

Please note, Victoria Heart does not bulk bill and you will receive an account for all consultations and procedures.

Victoria Heart requests that payment is made immediately. Delayed payments will incur an additional \$25.00 fee.