

# Associate Professor Val Usatoff

MBBS(Hons), MHSM, FRACS, FCHSM



**Victorian  
HepatoPancreatoBiliary  
Surgery Group**

## PATIENT REGISTRATION FORM

Please note: This is not a bulk-billing practice. Fees are calculated from the Australian Medicare Schedule and AMA (Australian Medical Association) recommendations.

Fees are as follows:

	<b>A/Prof Usatoff's Fees</b>	<b>Medicare Rebate</b>
Initial Consultation	\$190.00	\$72.75
Review Consultation	\$110.00	\$36.55

\*\*Payment is required at the time of your consultation.

If you do not accept these fees please notify A/Prof Usatoff's secretary prior to your consultation.

### PERSONAL INFORMATION

Surname ..... Title (Please Circle): Mr Mrs Miss Ms Dr  
Given Name .....  
Address .....  
Postcode .....  
Mailing Address (Tick box if same as above )  
Phone Number Home ..... Work .....  
Mobile .....  
Date of Birth .....  
Email address ..... Occupation .....  
Contact in case of Emergency ..... Relationship .....  
Phone Number .....

### ACCOUNT INFORMATION

Medicare Number ...../...../...../...../...../...../...../...../...../..... Number beside name on card .....  
Expiry Date ..... Would you like your consultation rebate claimed directly to Medicare? Yes  No

Do you have Private Health Insurance? No  Yes  > Have you held your cover more than 12 months? Yes  No

Fund Name ..... Membership Number .....

Are you covered by any of the following? Veteran Affairs  TAC  Work cover  N/A

Entitlement Number .....

### REFERRING DOCTOR INFORMATION

Name .....  
Address .....

### FAMILY DOCTOR INFORMATION

Please tick box if the same as the referring doctor

Name .....  
Address .....

The personal health information you provide during your consultation and subsequent treatment will be collected for the purpose of providing a high quality of health care. This clinic is committed to protecting your privacy and this information is generally only disclosed to other members of your treating team where necessary. It will however, be disclosed to other organisations where required by law or if necessary for debt recovery purposes. If your account exceeds our trading terms and is passed over for collection, the Customer is liable for all reasonable expenses (including contingent expenses such as debt collection commission) and legal costs (on a full indemnity basis) incurred by A/Prof Val Usatoff for enforcement of obligations and recovery. De-identified and anonymous health information is maintained as part of a clinical database for all patients in this practice for the purposes of research, education and quality assistance. You may gain access to information about you held by this office by contacting this office on 9509 4899.

**Please sign below to advise you have read and agree to these terms:**

Signature ..... Date .....