Associate Professor Val Usatoff MBBS(Hons), MHSM, FRACS, FCHSM

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:

A/Prof Usatoff's Fees Medicare Rebate

Initial Consultation \$ 250.00 \$ 76.80 Review Consultation \$ 150.00 \$ 38.60

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



Victorian HepatoPancreatoBiliary Surgery Group

If you do not accept	these fees please notify A/Prof Usatoff's secretary	prior to your consultation.	
PERSONAL INFO	RMATION		
Surname		Title (Please Circle): Mr Mrs Miss	s 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 INFOF	RMATION		
Medicare Number	//////	Number beside name on card	
Expiry Date	Would you like your consultation	rebate claimed directly to Medicare? Ye	es □ No □
Do you have Privat	te Health Insurance? No ☐ Yes ☐ > Have	you held your cover more than 12 months?	Yes □ No □
-			
Tuna Name		CHIDEISHIP NUMBER	
Are you covered b	y any of the following? Veteran Affairs □	TAC □ Work cover □ N	/A □
Entitlement Number	ər		
REFERRING DOC	TOR INFORMATION		
Name			
Address			
FAMILY DOCTOR	RINFORMATION		
	ame 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. Deidentified 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	
Signature	 Date	