Mr Marty Smith
B.Sc, B.M.B.S, F.R.A.C.S
HepatoPancreatoBiliary Surgeon
General and Laparoscopic Surgeon

Victorian
HepatoPancreatoBiliary
Surgery Group

PATIENT REGISTRATION FORM

PERSONAL INFORMATION (please complete in BLOCK letters)

Title: Mr Miss Ms Mrs Dr A/Prof Prof Date of Birth ..... / ..... / .....

SURNAME .....

First Name ..... Middle Name .....

Address .....

..... Postcode .....

Postal Address ..... Work Phone .....

Home Phone ..... Occupation .....

Mobile .....

Email address .....

EMERGENCY CONTACT (please complete in BLOCK letters)

Full Name ..... Relationship .....

Home / Work ..... Mobile .....

FAMILY DOCTOR INFORMATION ☐ please tick box if same as the referring doctor

Family Dr. / G.P. ..... Practice .....

Address .....

..... Postcode .....

Telephone ..... Fax .....

Medicare ...../...../...../...../...../...../...../...../...../..... Expiry ..... / 20..... Ref No. ..... (beside name)

Health Fund ..... No. ..... Ref No ..... (beside name)

FULL Pension YES/NO Card Number ..... Expiry date .....

DVA .....

WorkCover/TAC claim – Claim Number ..... Company .....

Employer ..... Claim Manager .....

Date of Injury ....

HEALTH INFORMATION & FEES

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

Consultation fees are payable on the day. If you are in possession of a **FULL** pension card then a reduced fee may be granted.

It is the responsibility of the patient to ensure we are provided with a current referral so that a Medicare rebate can be processed.

If your account exceeds our trading terms and is passed over for collection, the patient is liable for all reasonable expenses (including contingent expenses such as debt collection commission) and legal costs (on a full indemnity basis) incurred by Marty Smith for enforcement of obligations and recovery.

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.

I have read and understood Marty Smith's Terms and Conditions and acknowledge my consent to same.

Patient's Signature ..... Date ..... / ..... / .....