



## Patient Registration Form

### Your Details

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Given Names(s): \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_

Postal Address (if different to residential address):  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone (Mobile No Preferred): \_\_\_\_\_ H/W: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ph. Mobile (preferred): \_\_\_\_\_

### Referral and Interested Parties

Referring Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

General Practitioner (If not referrer): \_\_\_\_\_

Address: \_\_\_\_\_

Physiotherapist/Allied health: \_\_\_\_\_

Address: \_\_\_\_\_

### Medicare & Health Fund details

Medicare No: \_\_\_\_\_ Patient Ref \_\_\_\_\_

Exp: \_\_\_\_\_

Do you have Private Health Insurance: Yes / No/ In waiting period

Health Fund: \_\_\_\_\_ M'Ship No: \_\_\_\_\_

Pension/Health Care Card Number (if applicable): \_\_\_\_\_ Exp: \_\_\_\_\_

Veterans' Affairs Number & Colour (if applicable): \_\_\_\_\_

TAC/Workcover claim no (if applicable): \_\_\_\_\_



Date of Injury: \_\_\_\_\_ Workcover Insurance Company: \_\_\_\_\_

### Consulting fees

Please note that consulting fee's are to be paid on the day of the appointment. We do not accept cash without prior arrangement.

Medicare care card holders with a valid referral are entitled to a Medicare rebate which we will process for you at the time of your appointment.

Appointment	Fee	Medicare rebate
Initial consult	\$ 300.00	\$ 86.15
Review consult	\$ 220.00	\$ 43.35

### Compensable patients (TAC/Workcover)

Dr Kindl welcomes all patients to his private practice, however all Workcover and TAC patients are asked to pay for their consultation (per the fee schedule above) at the time of their appointment. An invoice will be provided for you to claim back from your insurer. Should you require surgery, and this is approved by TAC/Workcover your surgery and subsequent appointments will be billed directly to your insurer.

### Surgery Fees

Should you require surgery you will be provided with a detailed fee estimate and informed financial consent. Out-of-pocket expenses for surgical procedures vary and will depend on the complexity of the surgery and the patient's health fund and level of cover.

### Cancellation policy

You will receive an SMS text message reminder 2 days prior to your appointment. Should you need to cancel or reschedule your appointment please provide us with 1 business days' notice wherever possible to avoid a cancellation fee.

### Privacy and your health information

Dr Kindl and his practice staff will collect information about you and your health status for the purposes of providing your care. Your health information is stored securely and only those required to access it in the course of providing your care will do so.

We use clinic to cloud practice management software, details of their privacy policy can be found at: <https://www.clinictocloud.com/privacy-policy>.

We will not share your health information with third parties without your express permission. Please sign below to acknowledge your acceptance of the fee and privacy information provided.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*To learn more about Dr Kindl prior to your appointment you can view his welcome video via the QR code below.*

