



Patient Information

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Pref Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone numbers: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

Do you allow us to send you an SMS / leave a message regarding your appointments? ☐ Yes ☐ No

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

Are you happy to receive treatment information / newsletters from us via email? ☐ Yes ☐ No

Emergency Contact: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Phone No: \_\_\_\_\_

Usual General Practitioner/Local Doctor: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

**CONSENT – USE OF CLINICAL PHOTOGRAPHS/VIDEOS**

All clinical images are stored on a secure system, & can only be accessed by clinical staff.

I give permission for Adelaide Plastic Surgery to use my clinical imaging for the purposes of

☐ Medical record only ☐ Education ☐ To be shown to prospective patients in consultation with one of our Specialist Plastic Surgeons

Memberships

Medicare Number: \_\_\_\_\_ - \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ . \_\_\_\_\_ - \_\_\_\_\_ Ref No. (next to your name): \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IF UNDER 18 YEARS**, please provide Medicare details of the parent / guardian:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Medicare no: \_\_\_\_\_ Ref: \_\_\_\_\_ Exp date: \_\_\_\_\_

Do you have **Private Hospital Cover**? ☐ Yes ☐ No (I am Self funded / Uninsured)

Name of Fund: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Have you been with your fund **more than** 12 months? ☐ Yes ☐ No Fund Cover Type (Top, Basic, etc): \_\_\_\_\_

Do you hold an **Age Pension Card**? (excluding Seniors Card) ☐ Yes ☐ No Membership Number: \_\_\_\_\_ (Age pension only)

Department of Veterans Affairs card? ☐ Yes ☐ No DVA number: \_\_\_\_\_ Colour: ☐ White ☐ Gold

Workcover

Is this a Workcover / Third Party Claim? ☐ Yes ☐ No

Date of Injury: \_\_\_\_\_ Employer name & Contact Person: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_ Employer email: \_\_\_\_\_

Has your claim been lodged and accepted?: ☐ Yes ☐ No If yes, what is your claim number? \_\_\_\_\_

Insurance Company (eg: EML, Gallagher Bassett, etc): \_\_\_\_\_ Name of Case Manager: \_\_\_\_\_

Case Manager's phone number: \_\_\_\_\_ Case Manager's email: \_\_\_\_\_

**Please note:** For patients lodging a claim through Workcover or another third party entity, it is essential for us to provide them (upon written request) information regarding your injury and planned treatment. This is particularly essential if you require surgical intervention as prior approval is required. If your claim has not been accepted as yet, or you have not lodged a claim, you are required to pay all costs yourself on the day and claim back from Workcover. If your claim is later rejected, you will be liable for all medical costs incurred to date.

Medical Conditions

Medications: \_\_\_\_\_

Do you live with **Diabetes**? ☐ Yes ☐ No If YES: ☐ Type 1 ☐ Type 2

Do you have any **allergies** / sensitivities? ☐ Yes ☐ No Please list: \_\_\_\_\_

**Specialist Plastic and Reconstructive Surgeons**

Dr Timothy Edwards  
Dr Jenny Roy

Dr Peter Sylaidis  
Dr Amy Jeeves

Dr Nicholas Marshall  
Dr Jia Miin Yip

Dr Anthony Porter  
Dr Douglas Copson

**Medical Consultations - A valid referral is required to claim your rebate from Medicare**

Standard Consultation	\$200	Medicare rebate: \$84.15
Long Consultation	\$300	Medicare rebate: \$84.15
Follow up consultation	\$110	Medicare rebate: \$42.30
Age pensioner initial consultation	\$120	Medicare rebate: \$84.15
Age pensioner follow up consultation	\$80	Medicare rebate: \$42.30

**Cosmetic Consultations - A valid referral is required**

Initial consultation	\$300	No Medicare rebate
Follow up consultation	\$120	No Medicare rebate

*\*\* All fees are payable in full on the day of your consultation*

*\*\*Additional fees will apply if you need an appointment with the Hand Therapist*

*\*\*If Surgical treatment is required, you will be given an Informed Financial Consent outlining your expected out-of-pocket "gap" after Medicare and Health Fund rebates (where applicable). All surgical fees include 6 weeks of post-operative consultations. Any follow up after the 6 week post-operative period, will be billed as outlined above*

**General Surgeon and Surgical Oncologist**

A/Prof Beverley Fosh

**A valid referral is required to claim your rebate from Medicare**

Initial consultation	\$300	Medicare rebate: \$84.15
Follow up consultation	\$120	Medicare rebate: \$42.30

*\*\* All fees are payable in full on the day of your consultation. We accept credit cards, EFTPOS or cash/ A 1.2% surcharge will apply for all AMEX transactions. No cheques*

*\*\*We do not accept Health Care Cards*

*\*\*If Surgical treatment is required, you will be given an Informed Financial Consent outlining your expected out-of-pocket "gap" after Medicare and Health Fund rebates (where applicable). All surgical fees include 6 weeks of post-operative consultations. Any follow up after the 6 week post-operative period, will be billed as outlined above*

**Hand Therapist**

Initial Consultation – Short	\$135	Review – Short	\$95
Initial Consultation - Long	\$165	Review – Long	\$125

*\*\* You can claim from your Private Health Fund if you have "Extras" cover which includes "Occupational Therapy"*

**Nurse Consultations**

Initial Consultations with our nurses are Complimentary.

Consultations for tattoo removal and laser rejuvenation will be quoted during your initial consultation.

**Dermal Consultations**

Consultations with our Dermal Nurses are Complimentary. Treatment costs will be discussed with you prior to any treatment taking place.

**Cancellation and No-Show Policy**

We understand that situations arise in which you need to cancel your appointment, however, we do require at least 24 hours' notice (any change to a Monday appointment needs to be confirmed by 12pm the Friday prior). This will allow us to schedule another patient and keep our wait lists to a minimum. If insufficient notice is given, or you do not attend your appointment, a cancellation fee may apply.

**PLEASE READ & SIGN:**

*I acknowledge that I have viewed the fees above and I understand that all accounts must be paid on the day and payment of accounts is my responsibility. Accounts for which no Medicare, private health fund or third party rebate is available, full payment is required prior to treatment. I understand it is my responsibility to check with my private health fund to confirm my level of cover and eligibility for treatment. If Workcover or Third Party does not accept liability, I remain responsible for all expenses. I will pay all debt collection expenses incurred resulting from any default on overdue accounts.*

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

### Your privacy and medical records

1. In accordance with section 6(1) of the *Privacy Act 1988* (Cth) (**Privacy Act**), all information collected in this practice is treated as 'sensitive information'. To protect your privacy, APSA Services Pty Ltd (ACN 085 393 700) trading as Adelaide Plastic Surgery Associates ("**APSA**") operates in accordance with the Privacy Act and its Privacy Policy.
2. A copy of our Privacy Policy is available free of charge from reception or on our website at [apsa.com.au](http://apsa.com.au).
3. Your Specialist Plastic Surgeon and/or nurse uses the information you provide to manage your health care which may include using the information for the following purposes (including instructing APSA to use the information for the following purposes on your plastic surgeon's behalf):
  - (a) collect, record, and store my personal and health information that will form part of an individual computerised medical record including through the use of transcription software;
  - (b) issue reminders for specific health checks I may require, if any, as part of my consultation with my plastic surgeon and/or nurse;
  - (c) provide me with health information updates, general medical updates and provide my personal and health information to the relevant state and/or national recall reminder registers; and
  - (d) use my personal and health information to undertake administrative tasks involved in the running of APSA, and for my plastic surgeon, billing tasks which includes compliance with Medicare, Health Insurance Commission, and other relevant Government agency requirements.
4. You can assist in maintaining the accuracy of your information by advising your plastic surgeon or reception of changes in your contact details.
5. Selected information may be disclosed to various other health care providers involved in supporting your health care management (e.g. pathology and imaging providers, hospitals, or other specialists). You hereby acknowledge and consent to the disclosure and/or use of your personal health information by APSA, your plastic surgeon and persons directly or indirectly involved in your personal health care or medical treatment for that purpose, including:
  - (a) sending specimens obtained from me to the necessary pathology provider for analysis. As a result, I understand that I may incur an out-of-pocket expense, by which a separate invoice will be issued by the relevant pathology provider. I understand that I will be liable for all expenses incurred;
  - (b) disclosing my personal and health information to the relevant medical and allied health service providers involved in my care;
  - (c) disclosing de-identified personal and health information for research and quality assurance purposes undertaken by my plastic surgeon to improve the quality of both individual and community health care needs and practice management. APSA will inform me when such activities are being conducted and give me the opportunity to 'opt-out' of any involvement at any time; and
  - (d) using my personal and health information by my plastic surgeon and other authorised individuals involved in my medical care and treatment, both directly and indirectly.
6. If you have any questions regarding the management of your personal health information or need to arrange access to your records, please ask reception or your plastic surgeon, as appropriate.
7. I am not obliged to provide information requested of me, but that my failure to do so may compromise the quality of care provided to me by my plastic surgeon.
8. I understand my right to access both my personal and health information held by APSA, except in circumstances where access is legitimately withheld. If my personal and health information is to be used for any other purpose, other than what is set above, my further consent will be obtained.
9. I understand it is my responsibility to inform APSA at the earliest of any changes to my personal and health information. If any information held about me is inaccurate, I may request to have this altered accordingly.

Please sign this form as confirmation that you have read and understood the consent & the use of your personal and health information as stated above.

You hereby acknowledge and consent to the disclosure and/or use of your personal health information by APSA and persons directly or indirectly involved in your personal health care or medical treatment for the purposes set out above.

If you have any questions regarding the management of your personal health information or need to arrange access your records, please ask reception or your plastic surgeon, as appropriate.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed: \_\_\_\_\_

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

**If you do not wish for this to occur, please advise reception.**

### Privacy Collection Statement

APSA collects your personal information for purposes related to (or in the case of sensitive information, directly related to) our functions or activities, including facilitating the delivery of health services to you from your Plastic Surgeon or our nurses, informing you of services which may be relevant to you and to communicate with you on behalf of your Plastic Surgeon. We may not be able to facilitate the delivery of health services from your Plastic Surgeon to you if you do not provide this information. Your personal information may be disclosed to our related bodies corporate, Plastic Surgeons, and third-party services providers. Your personal information is kept private and secure, as required by federal and state privacy laws.

Please refer to our Privacy Policy for full details of how we handle your personal information, including how you may access and seek correction of your personal information, complain about a privacy breach, and how we will deal with that complaint.